

MyChart Proxy Authorization Form

Patient Information

Name – Last, First, MI	Former Name(s)/Alias		
Street Address	City	State	Zip
Email Address	Birthdate	Phone	

I understand that all messages sent on my behalf should be non-urgent and that MyChart is **NOT** to be used in an emergency.

I understand that this allows my proxy online access to my personal health information maintained by Gundersen Health System, which may contain protected health information created by Gundersen Health System and/or Community Connect Partners contracted with Gundersen, such as Crossing Rivers Health, Tomah Health, and Vernon Memorial Hospital. This authorization permits access to any care provided prior to the date of the authorization, as well as any care and treatment provided while the authorization is valid. I understand that the proxy will have access to the following information: this may include, but is not limited to:

- Genetic test results, HIV test results, and information regarding mental illness, alcohol/drug abuse, AIDS related illness and developmental disabilities
- Ability to communicate to my provider's care team regarding care and treatment
- Ability to review and request appointments
- Request renewals on prescriptions
- View summary information about medical history

The reason for this access authorization is for the proxy to play a more active role. I understand that additional information may be made available to the proxy through MyChart as this application advances. I understand that all activities within MyChart are tracked and messages the proxy submits shall become part of the permanent medical record. I understand that MyChart is optional/voluntary, and that the provider has the right to deactivate access to MyChart for unauthorized or inappropriate actions made by the proxy. I understand that by inviting this person to access the record, I am authorizing Gundersen Health System and/or its Community Connect Partners, documentation of my authorization to provide proxy access to MyChart.

Your Rights with Respect to This Authorization

This authorization is valid until I revoke it. I understand that a written request is necessary, unless I revoke access in MyChart. I understand that my revocation will not be effect uses and/or disclosures already made in reliance upon this authorization. I realize that the information used and/or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy law. I understand that I do not need to sign this authorization in order to receive treatment. I understand that I have the right to inspect or obtain copies of the information being authorized for disclosure to my proxy by reviewing what is available in my web portal account or by contacting the medical record department where I receive services.

Having read this authorization, I hereby agree to abide by the terms of this agreement and grant proxy access to protected health information via MyChart to the individual named below.

Proxy Information

Proxy Name	Relationship to Patient	Date of Birth
Proxy Address	City	State, Zip
Proxy Cell Phone	Proxy Email	

I understand that this authorization will remain in effect until revoked in writing or I revoke myself in MyChart.

Signature of Patient/Representative: _____ **Date:** _____

Please return completed form to the organization you receive treatment.

Tomah Health

Health Information Services Dept
501 Gopher Drive, Tomah, WI 54660
PHONE: (608) 377-8610
FAX: (608) 377-8743
EMAIL: hisdept@tomahhealth.org

Gundersen Health System

1900 South Avenue, NCA2-08, La Crosse, WI 54601
PHONE: (608) 775-0303
FAX: (608) 775-4706
EMAIL: mychart@gundersenhealth.org

Crossing Rivers Health

37868 US Hwy 18, Prairie du Chien, WI 53821
PHONE: (608) 357-2246
FAX: (608) 357-2277
EMAIL: HIM@crossingrivers.org

Vernon Memorial Healthcare

507 South Main Street, Viroqua, WI 54665
PHONE: (608) 637-4332