

MyCHART ACCESS - MINOR PATIENT PROXY AUTHORIZATION

A proxy authorization means that you grant another person (your proxy) full access to your records as if they were you. This might be a parent, spouse, adult child or someone who helps you manage your health. To process your request all sections must be completed. Please print clearly.

For office use only.

Medical record # _____

Patient Information:

Patient Name: *last*, _____ *first*, _____ *middle initial*, _____

Date of Birth: _____ Age: _____ Email Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

I designate the following individual as my proxy:

(Each proxy request requires a separate authorization be completed.)

Proxy Name: *last*, _____ *first*, _____ *middle initial*, _____

Date of Birth: _____ Last Four Digits SSN: _____ Main Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Legal Relationship to patient: _____

I allow Lakewood Health System to release my personal health information to the proxy listed above via an online MyChart account. MyChart is an online service hosted by Essentia Health, a third party that is independent from Lakewood Health System/Lakewood Clinic, P.A. I understand that:

- For minors 0-11 years, full proxy access will be granted up until the minor's 12th birthday.
- For minors 12-17 years, partial proxy access will be granted up until minor's 18th birthday, unless the minor signs this form.
- For minors 12-17 years who sign this form, full proxy access will be granted, and the authorization is valid for one year or up until the minor's 18th birthday (whichever is sooner). To renew access, a new authorization will need to be completed.
- If I change my mind and no longer want my proxy to have access to my MyChart account, I may let Lakewood Health System know in writing at any time of my intent to revoke this proxy authorization. Any such revocation will not apply to information that has already been released before the revocation is effective.
- I understand that Lakewood Health System is not responsible for the confidentiality of information released to my proxy and cannot prevent my proxy from releasing the information to another person. At that time, the information is no longer protected by federal and state privacy regulations.
- If I do not sign this form I will still be treated and payment, enrollment and eligibility for benefits will not be impacted.
- To be valid, this form must be completely filled out, signed, and dated. A photocopy, fax or electronically scanned and transmitted image is the same as the original.
- For the proxy to gain access to your MyChart account, the proxy must activate the account with the code they will be given and agree to any Terms and Conditions that MyChart may require

Signature of Patient

____/____/____
Today's Date

Signature of Proxy

____/____/____
Today's Date