MYCHART PROXY ACCESS

SOURCE: HIM – Release of Information

For office use only. Medical record # _____

A proxy authorization means 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.

PATIENT INFORMATION

Patient name *(first, middle, last)* _____

Date of birth _____ Age _____ Last four digits of SSN _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____

I designate the following individual as my proxy: *(Each proxy request requires a separate, completed authorization.)*

Patient name *(first, middle, last)* _____

Date of birth _____ Age _____ Last four digits of SSN _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____ 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 OCHIN, a third-party vendor, that is independent from Lakewood Health System/Lakewood Clinic, PA. I understand:

- For minors 0-11 years, a parent or legal guardian is granted full proxy access to the child's MyChart account, allowing them to view and manage the child's health information (appointments, medications, test results, etc.).
- For minors 12-17 years, their MyChart account is treated differently due to privacy laws. Limited proxy access is available to parents or legal guardians. Proxies will have read-only access. Parents or legal guardians will not be able to schedule, message, etc., on the patient's behalf.
- For minors 12-17 years who sign the MyChart Proxy Access form (this form), full proxy access will be granted until the minor's 18th birthday. After the minor's 18th birthday, a new authorization will need to be completed if the proxy still wants access. With proxy access, parents or legal guardians can access non-confidential medical information. You will not be able to access confidential information, including PPD TB test results, asthma action plan, care plan, safety plan, immunizations, and the patient's medical history. Proxies can be removed by the patient (minor) at any time through MyChart or by filling out the MyChart Proxy Revocation form at any Lakewood Health System Clinic. Revocation will not apply to information that has already been released before the revocation is effective.
- I understand 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. Digitally transmitted photos taken of a completed form cannot be accepted.

Patient signature _____ Date _____

Proxy signature _____ Date _____

Attach Patient Label

This institution is an equal opportunity provider and employer.