

MEMORIAL HEALTHCARE SYSTEM MYCHART PROXY ACCESS REQUEST

This MyChart Proxy Access Request Form ("Form") allows a patient to authorize Memorial Healthcare System ("MHS") to release such patient's medical information through MyChart to their parents, family members, legal representatives, and other designated third parties. MyChart is an easy-to-use internet tool that allows you to view health information and services.

Although the term "Proxy" has a specific meaning in section 765.101(19), Florida Statutes, as used in this Form, "Proxies" means any of the following: Guardians, Health Care Surrogates, and Statutory Proxies (highest ranking of relatives or friends under Chapter 765), and other designated individuals.

PROXY RELATIONSHIP INFORMATION

Depending on the proxy relationship, parents, family members, legal representatives, and other individuals may establish proxy access to a patient's medical information in MyChart. A Proxy must have their own MHS MyChart account to gain access to the patient's health record. If you do not currently have an MHS MyChart account, we will assist with setting one up for you to access the patient's health record. You must be 18 years of age to obtain proxy access to another person's MyChart account.

Adult-Adult age 18 and older (Access to another adult's MyChart).

- Adults (age 18 and older) can authorize another person to access their MyChart account. The patient and requestor must complete this Form for a Proxy to access the MHS MyChart account of an adult patient.

Adult-Child age 0-12 (Access to your minor child's MyChart).

- You will be given full access to your child's MyChart upon completing this Form.
- Once your child reaches age 18, access to their MyChart account will be automatically inactivated.

Adult-Teen age 13-17 (Access to your teen's MyChart).

- On the child's 13th birthday, Adult-Child proxy access automatically changes to a LIMITED view. This limited view does not allow you to access the child's health information or other clinical information.
- To obtain FULL access to the teen's MyChart, the teen and their parent or guardian should complete and sign this Form.
- Once your teen reaches age 18, your access to their MyChart will be automatically inactivated.

Diminished Capacity (Access to another person's MyChart that does not expire).

- Provides full access to the patient's MyChart.
- This access will not expire once the patient turns 18 years old.
- Documentation evidencing medical necessity must be submitted to indicate a need for access as a diminished capacity proxy. MHS may require additional documentation as needed.

INSTRUCTIONS FOR COMPLETING THE MYCHART PROXY ACCESS REQUEST FORM

A Proxy must complete this Form to access the MHS MyChart record of a patient. You may submit this Form in-person while in a hospital or office visit or by email to mychart@mhs.net with a copy of your photo ID.

PATIENT'S INFORMATION: (All fields required for proxy access)

Fill out this section with information about the Patient whose MyChart account you would like to access.

Patient Full Name:

Birthdate:
Address:
Email Address:
Phone Number:

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PROXY REQUESTOR INFORMATION (Adult / Legal Guardian):

Proxy Full Name:

Birthdate:

Address:

Email Address:

Phone Number:

Relationship to patient:

1. Parent
2. Legal Guardian
3. Non-Custodial Parent
4. Power of Attorney for Healthcare
5. Friend
6. Family Member
7. Other (Please Specify)

Other relationship:

Proxy access requested:

1. Adult-Adult age 18 and older
2. Adult-Child age 0-12
3. Adult-Teen FULL age 13-17
4. Adult-Teen LIMITED age 13-17
5. Diminished Capacity (must provide documentation)

Depending on the proxy relationship, you may be required to provide MHS with documents evidencing such a relationship before granting you proxy access.

I understand and agree to the following requirements and procedures for accessing a patient's medical records:

- I understand that my access to the patient's medical information through MyChart will be terminated when my guardianship, power of attorney, or authorization rights expire or are revoked.
- I accept and agree to be bound and abide by the Terms of Use found at <https://mychart.mhs.net/MyChart/Authentication/Login?mode=stdfile&option=termsandconditions>, incorporated herein by reference.

Proxy Signature:

PATIENT AUTHORIZATION TO ALLOW PROXY ACCESS:

I authorize MHS and its facilities, including physician practices, to release to my Proxy, who is named in this Form, all my health information and medical records existing in my MHS MyChart, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, pregnancy, and drug or alcohol abuse as well as physician office visit summaries and notes and psychiatric care summaries.

Additionally, this authorization shall include the ability for my Proxy to ask questions and discuss my health information with the person or entity who has possession of my medical record, even if I am fully competent to ask questions and discuss this matter at the time.

I acknowledge the following statements:

- I may revoke this authorization anytime by utilizing the Family Access Settings found in my MyChart account (functionality available for adult MyChart account holders only) or by informing my provider. Such revocation will not affect any action taken by MHS before the revocation.
- I understand that the information disclosed pursuant to this authorization may be redisclosed by the recipient, and federal or state laws may no longer protect its confidentiality.
- I understand that MHS may not condition treatment, payment, enrollment, or benefits eligibility on this authorization's completion.
- I release MHS and any health care provider that acts in reliance on this authorization from liability that may result from disclosing my health information and medical records through MyChart. By authorizing access to my MyChart, I am knowingly and voluntarily assuming this risk and all the consequences, losses, and damages that might result.
- I accept and agree to be bound and abide by the Terms of Use found at <https://mychart.mhs.net/MyChart/Authentication/Login?mode=stdfile&option=termsandconditions>, incorporated herein by reference.

Patient Signature **(Required for Adult-Adult and Adult-Teen FULL proxy access):**