Today's Date: _____

Patient MRN: _____

Hawai'i Island Community Health Center

# MyCHART ADULT PROXY ACCESS REQUEST

**To sign up and allow proxy access to health information by another adult in MyChart by HICHC, please complete this form—front and back—and return it to your health care provider's office. Please contact HICHC at (808) 326-5629 or (808) 333-3600 if you need assistance with completing this form.**

**IN THIS BOX, PLEASE PRINT THE INFORMATION OF THE PATIENT (whose MyChart record will be accessed. All fields are required.)**

Last Name: _____ First Name: _____ MI: _____ Birthdate: _____

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

Mobile Phone: _____ Email Address: _____

**PERSON REQUESTING PROXY ACCESS FOR PATIENT LISTED ABOVE. (All fields are required. PLEASE PRINT CLEARLY.)**

Last Name: _____ First Name: _____ MI: _____ Birthdate: _____

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

Mobile Phone: _____ Email Address: _____

## My Chart Terms and Conditions

- MyChart is a secure online source of confidential health information including diagnostic test results, medications, allergies, and immunizations. It is not the complete contents of the medical record.
- To be set up as a proxy to access someone else's MyChart account, you must have your own MyChart account. Completing this form will allow us to create a MyChart account for you, if you do not already have one.
- All activities within MyChart are tracked electronically, and entries may become a permanent part of the medical record.
- MyChart proxy access is provided as a convenience to patients. HICHC has the right to deactivate access at any time, for any reason.
- The patient or his/her legal representative must sign this form and provide authorization for release of information in MyChart.

## By signing on the next page, I agree to the following:

- **I authorize release of all health information contained in my MyChart account to my designated proxy; including any of the following information should it be contained in MyChart: Acquired Immune Deficiency Syndrome (AIDS), ARC, or HIV; alcohol and/or substance use treatment; and/or behavior or mental health services.**
- I understand that once information has been disclosed to my proxy through MyChart, it may be re-disclosed by the proxy and is no longer protected by federal privacy regulations.

Please continue on the next page →

(Continued from previous page)

- I understand that if my proxy shares their MyChart ID and password with another person, that person may be able to view health information for myself, as well as any other individual(s) who have authorized MyChart proxy access to that person.
- It is the proxy's responsibility to select a confidential password, to maintain that password in a secure manner, and to change the password if confidentiality may have been compromised in any way.
- I understand granting MyChart proxy access does not grant access to the complete medical record or authorize staff to discuss medical care with the proxy. A separate document (*HICHC Release of Information*) must be completed and signed by the patient or legal guardian.
- Use of MyChart is voluntary. I am not required to use MyChart and I am not required to provide authorization to another person to access my information through MyChart.
- I am responsible for updating MyChart account access information as needed, including Proxy access. Permission for proxy access may be revoked by the patient at any time by notifying HICHC staff or submitting the *HICHC Proxy Access Removal* form.
- **MyChart is NOT to be used in an emergency.**

Printed Name of Patient: _____

Signature of Patient granting proxy access: _____ Date: _____

***If a person other than the Patient signs for the Patient, please indicate authority to sign for the Patient below, and provide written documentation of said authority (e.g., guardianship of the Patient.)***

*Signature of Person with Authority to sign for the Patient:* _____ *Date:* _____

*Documentation granting signature authorization for the Patient:* _____

**Printed Name of Proxy requesting access:** _____

Signature of Proxy requesting access: _____ Date: _____