

Montage Health MyChart Proxy Access Form

MyChart proxy access allows a person to access data in another person's medical record available on MyChart. Patients may wish to grant access to a family member and/or friend when they need assistance managing their appointments and other medical needs. Parents/Patient Representatives may request access to their minor child (ages 0-11) medical records via MyChart. In any Proxy relationship, two people are involved. One of these is the person whose chart is being accessed ("Patient"). The other is the person who needs access to the chart ("Proxy"). Patients may designate multiple Proxies, if needed. Only adults ages 18 years and older may act as a Proxy.

Patient Type	Who may act as Proxy	Who must provide authorization / signature	Revocation / termination
Competent Adult	The Patient may designate any other adult to have Proxy access to the Patient's MyChart account.	The adult Patient must sign the Montage Health MyChart Proxy Access Form and provide a photo ID in order to authorize the Proxy listed. The Proxy must also sign this form and provide photo ID.	The Patient may revoke Proxy access at any time via the "Revoke Access" option provided in MyChart or by contacting his or her healthcare provider.
Incompetent Adult	A person acting as an incompetent patient's representative may designate himself/herself (or another competent adult) to have Proxy access to the patient's MyChart Account. A patient's representative must be the patient's legal guardian or designated as the patient's durable power of attorney for healthcare, as evidenced by the appropriate legal documentation provided.	The Patient's representative must sign this form, authorizing the individual listed to have access to the Patient's account.	The Patient's representative may revoke Proxy access at any time. In addition, in the event that the Patient's representative no longer acts in that capacity (e.g., power of attorney revoked), the Patient's representative agrees to notify Montage Health promptly. Upon such notification, access to the Patient's MyChart account will be terminated. In the interim period, the Patient's representative agrees to not access the Patient's MyChart account and understands that doing so constitutes unauthorized access of private medical information.
Minors Age 0-11	A parent or legal guardian may designate himself/herself (or another competent adult) to have Proxy access to the Patient's MyChart account. A Patient's legal guardian seeking access to a Patient's MyChart account must provide the appropriate legal documentation.	The minor's parent or legal guardian must sign this form, authorizing the individual listed to have access to the Patient's account.	The Patient's parent or legal guardian may revoke Proxy access at any time. The parent or legal guardian's access to the Patient's full MyChart account will terminate when the Patient turns 12 years of age.
Minors Age 12-17	Due to Federal and State confidentiality laws specific to teen Patients between the ages of 12 to 17, there are certain types of medical information that the parent or guardian of a minor Patient may not view without consent of the minor Patient. Because of these requirements, we will allow very limited access to Patients who are ages 12-17.	The Patient must sign this form, authorizing the individual listed to have limited access to the Patient's account.	When a minor reaches age 12, all Proxy access is revoked. To maintain access, the parent or legal guardian will have to reapply for Proxy access using this form, which requires the Patient's signature.

AUTHORIZATION

- The Patient (or Patient's representative or parent) hereby authorizes the disclosure of all medical and billing information about the Patient contained in the Patient's MyChart account to the person granted Proxy access below. The purpose of this disclosure is to allow the person granted Proxy access to have ongoing access to the medical and billing information of the Patient identified below.
- The Patient (or Patient's representative or parent) understands that the person receiving Proxy access is not a health care provider or health plan covered by federal privacy regulations and that the information accessed by the Proxy could be re-disclosed by such person leaving it unprotected.
- Patient (or Patient's representative or parent) understands that he/she may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization, by using the "Revoke Access" option provided in MyChart or by contacting Montage Health.
- This authorization will expire upon revocation by the Patient (or Patient's representative or parent) or upon termination of the Patient's MyChart account or the Proxy's Proxy access.
- The Patient (or Patient's representative or parent) understands that he/she is not required to sign this authorization form and that signing of this authorization is not a condition of the provision of treatment or payment.

TO BE COMPLETED BY PROXY (INDIVIDUAL REQUESTING ACCESS)

Name: *(specify name of Patient Proxy to receive access)*

Date of Birth (required):

Address: *(Street Address, City, State, Zip Code)*

Social Security # (last 4 required):

Email Address (required): *(Patient Proxy's Email Address)*

I have read and understand the Requirements and Procedures regarding Proxy access above. All information I have provided is correct and true. I understand that:

- I must have a MyChart account to obtain Proxy access to another account.
- I must login to MyChart with my own User ID & Password when utilizing Proxy access
- I agree to abide by the Montage Health MyChart Terms and Conditions
- Montage Health reserves the right to revoke Proxy access to a MyChart account at any time
- I must supply proof of identity with a valid form of photo ID

I am requesting Proxy access for the Patient identified below and I certify that (check one):

- I have been granted the Patient's Health Care Power of Attorney
- I am the Patient's (circle one): Father / Mother / Legal Guardian
- I am the Patient's family/caregiver (describe relationship: _____)

Signature of Proxy: _____ **Date:** _____

TO BE COMPLETED BY/FOR THE PATIENT

Name:	Date of Birth (required):
Address: <i>(Street Address, City, State, Zip Code)</i>	Social Security #:
<p>The undersigned grants Proxy access for the above-named Patient's MyChart record to the person requesting access listed above.</p> <p><input type="checkbox"/> Patient is a competent adult. This section must be signed by the Patient.</p> <p><input type="checkbox"/> Patient is an incompetent adult. This section must be signed by the Patient's legal representative.</p> <p><input type="checkbox"/> Patient is a minor under age 12. This section must be signed by the Patient's parent or legal guardian.</p> <p><input type="checkbox"/> Patient is a minor between the ages of 12 to 17*. This section must be signed by the Patient.</p> <p><i>*Due to Federal and State confidentiality laws specific to teen Patients between the ages of 12 to 17, there are certain types of medical information that the parent or guardian of a minor Patient may not view without consent of the minor Patient. Because of these requirements, we will only allow very limited access to Patients who are between the ages of 12-17.</i></p> <p>Signature of Patient: _____ Date: _____</p> <p>Signature of Patient's parent or representative: _____ Date: _____</p> <p>Relationship to Patient: _____</p>	

Please submit completed form and copies of valid forms of identification, such as a driver's license or state identification card, to any Montage Health Facility.

Once you have submitted the forms, please allow 5-10 business days for processing. If your request is approved, you will be notified via MyChart of your newly granted proxy access.

If you have any questions regarding the status of your submitted form, please contact (831) 625-4575.

Internal Use Only

Date Received: _____ | **Staff Name Processing:** _____

ID Verified: Yes No N/A

Both the adult patient and proxy must be present and provide valid forms of identification, such as a driver's license. Please make a copy of identification cards and include with this form.

Please inter-office mail this form and a copies of the adult patient's and proxy's photo identification to Sheri Shaw at Health Information Management.
