

## MyChart Proxy Access Request

Proxy access allows a parent, guardian, family member or other trusted individual to view all medical information contained in a patient's MyChart account.

### How it works

- A proxy will have access to all MyChart information as if they were you. This proxy access covers all Riverside facilities and cannot be limited to one practice.
- Any trusted individual can be a proxy, such as a parent, spouse, adult child, or a caregiver.
- A proxy must be an adult (18 or over).
- This authorization shall be valid during the lifetime of the patient unless revoked earlier by the patient.

### 1. PATIENT INFORMATION (Patient who is giving proxy access to another person)

Patient Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Last 4 Digits of Social Security # \_\_\_\_\_ Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### 2. PROXY INFORMATION (Person receiving permission to access the patient's MyChart account) \*

Proxy Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Last 4 Digits of Social Security # \_\_\_\_\_ Primary Phone \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Is Proxy a Riverside patient? Yes  No  Does Proxy have an active MyChart account? Yes  No

Relationship to Patient:

Spouse     Parent     Legal Guardian     Medical Power of Attorney\*\*    Other: \_\_\_\_\_

### 3. AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

By signing below, I authorize **Riverside Health System** to release all of my medical information via MyChart to the **above Proxy**.

- I understand that I have a right to revoke this authorization at any time through MyChart Preferences or written request at any Riverside acute care facility or RMG physician office.
- I understand that any revocation will not apply to information that has already been released prior to revocation.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact Riverside Compliance at 757-369-1139.
- **Riverside MyChart records may include psychiatric or mental health records, treatment for alcohol or drug abuse, sexually transmitted diseases, HIV/AIDS, family planning and genetic testing.**

Signature of Patient \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Date \_\_\_\_\_

\*Patient and Proxy identification have been verified and proper ID has been scanned with this application

\*\*This request must be accompanied by a copy of legal paperwork verifying the patient's medical power of attorney designation

