

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 or Responsible Person _____ 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

