

MYCHART PROXY ACCESS REQUEST FORM

Patient Label

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

How it works:

- A proxy will have access to all Riverside MyChart information as if they were the patient. 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, next of kin, or a caregiver.
- A proxy must be an adult (18 or over).
- A proxy access authorization is valid during the lifetime of the patient unless revoked earlier by the patient or Riverside.
- Proxy access for teens is automatically terminated when the patient turns 13 or 18. The teen patient then must invite someone from MyChart to be a proxy or complete this form to re-establish the proxy access.

When this form must be completed requesting Proxy Access:

- If the Patient does not have a Riverside MyChart account and is unable to grant access to a proxy via MyChart.
- If the Patient has diminished capacity and is unable to sign or consent to this form.

Proxy Access is valid for:

- Child 0-12 until 1 day before 13th birthday.
- Teen 13-17 until 1 day before teen's 18th birthday or access revoked by teen
- Adults 18+ until revoked by patient or upon request



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

Patient Name _____ Birth Date _____

Social Security # _____ Primary Phone _____

Email Address _____

For Patient With Diminished Capacity to Make Healthcare Decisions:The patient has a Medical Power of Attorney/ Advance Directive Yes No *If Yes, must be attached*The patient has a Guardianship appointed by the court Yes No *If Yes, must be attached*If the patient has neither of the above, please affirm that the patient has diminished capacity and you are the patient's authorized next of kin/personal representative to make their healthcare decisions. Yes No **2. PROXY INFORMATION (Person requesting access to the patient's Riverside MyChart account) ***

Proxy Name _____ Birth Date _____

Social Security # _____ Primary Phone _____

Email Address (required) _____

Is Proxy a Riverside patient? Yes No Does Proxy have a Riverside MyChart account? Yes No Relationship to Patient: Spouse Parent Legal Guardian Next of Kin Medical Power of AttorneyType of Proxy Access requested: Adult Accessing Adult (18+yrs) Parent/Legal Guardian/Next of Kin Accessing Patient w/Diminished Capacity (0+yrs) Parent/Legal Guardian Accessing Child (0-12yrs) Parent/Legal Guardian Accessing Teen (13-18yrs)**3. AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION****By signing below, I authorize Riverside Health System to release the patient's medical information via Riverside MyChart to the above Proxy.**

- I understand that the patient has a right to revoke this authorization at any time through Riverside MyChart or by 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 Legally Authorized Person _____

Relationship to Patient _____ Date _____

* All fields are required for proxy access to be granted and Proper ID must be validated

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