



## Access to Another Patient's or your Child's MyChart Record

Thank you for your interest in MyChart, an easy-to-use Internet tool that provides quick and secure online access to your health information from anywhere at any time.

### Instructions for Completing this Form:

To sign up for access to your health information in MyChart, please complete this Sign-Up form and return all pages to the address shown below.

### Return complete form to:

CentraCare Clinic - River Campus  
Medical Information Department  
1200 Sixth Avenue North  
St. Cloud, MN 56303  
or fax to (320) 255-5691

### Person Requesting Access to Another Patient's MyChart Record

Name (*last, first, middle initial*): \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: Number: \_\_\_\_\_

Primary Provider: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Please note the following age limitations for MyChart. These range limitations do not affect any legal right you have to access your child's record by other means. To request a paper copy of your child's record, contact your child's primary care clinic

- If your child is **age 0-11**: You will be granted full access to your child's MyChart record.
- If your child is **age 12-17**: You will be granted partial access to your child's MyChart record. (e.g., immunizations)
- Once your child reaches **age 18**, you will no longer have access to your child's MyChart record.

**Please provide the following information for the patient:** (All fields are required. If you have more than one patient for whom you would like proxy access, please request another form.)

### Patient's Information

Name (*last, first, middle initial*): \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Clinic/Provider: \_\_\_\_\_

### III. MyChart Terms and Conditions

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart user ID and password with another person, that person may be able to view my health information.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from the patient's clinic.
- I give my consent for CentraCare Health System and affiliates to release all information, as defined in the MyChart Terms and Conditions, to the MyChart Account so that I may view this information online.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by CentraCare Health System and affiliates as a convenience to its patients and that CentraCare Health System has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- I understand that once information is released pursuant to this authorization, CentraCare Health System and affiliates cannot prevent the re-disclosure of the information to another third party.
- I understand this authorization must be filled out completely. By using MyChart, I acknowledge that I have read and understand this MyChart Terms and Conditions and I agree to its terms.
- I understand that this consent will remain in effect until I provide CentraCare with a written request for revocation.

### IV. \*For Adult Proxy Access: (Required if requesting access to another Adult's MyChart Information)

I acknowledge that I have read and understand this MyChart Sign-up form. I agree to its terms and choose to designate the person named above as my MyChart Proxy, thereby allowing them access to my MyChart medical record.

**Relationship to Patient** \_\_\_\_\_

**Adult Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Adult Proxy Authorization for Release of Medical Information must be completed on the next page.**



## Adult Proxy Authorization for Release of Medical Information

(This section is to be completed if **Adult to Adult Proxy Access** is being requested)

This form is an authorization that will permit CentraCare Health System and Affiliates to release your medical information to your designated adult proxy. Please read it carefully.

This form should be completed by the patient who is authorizing another adult to access medical information in his or her MyChart record.

**Patient Name (last, first, middle initial)** \_\_\_\_\_

**Last 4 digits of Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

I am requesting that \_\_\_\_\_ (insert name of proxy) receive access to my health information that is available in my CentraCare Health System and Affiliates MyChart Record. This person is my designated MyChart proxy. I authorize CentraCare to release the health information contained in my MyChart record to my MyChart proxy. I understand that the medical information in MyChart is obtained from my electronic medical record and may include information from all CentraCare and Affiliate facilities. I authorize release of any information contained in my MyChart medical record held by CentraCare and Affiliates to my designated proxy.

I authorize release of this information only through my MyChart record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.

I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by federal privacy protections.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that CentraCare and Affiliates does not base any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, CentraCare and Affiliates is not permitted to provide access to my MyChart record to my designated proxy.

I may revoke this authorization at any time by providing a written request for revocation to CentraCare Clinic – River Campus, Medical Information Department. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be terminated. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

**Date:** \_\_\_\_\_ **Primary Clinic:** \_\_\_\_\_

**Signature of Patient (or authorized person):** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

If person other than the patient signs, indicate authority to sign for patient (e.g., guardian) and attach documentation:

\_\_\_\_\_