

**Medical Faculty Associates  
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's (ages 0-12 years) 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 desired. Only adults ages 18 years and older may act as a Proxy.

<b>PATIENT INFORMATION</b>	
<b>Patient's Name (Required):</b>	<b>Patient's Date of Birth (Required):</b>
<b>Patient's Address (Required):</b>	
<b>PROXY INFORMATION</b>	
<b>Name: (specify name of Proxy to receive access)</b>	<b>Date of Birth (required):</b>
<b>Address: (Street Address, City, State, Zip Code)</b>	<b>Phone Number:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Landline
<b>Proxy's Email Address (required):</b>	
<b>Is proxy requestor a patient at Medical Faculty Associates?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>AUTHORIZATION BY PATIENT OR LEGAL REPRESENTATIVE</b>	
<ul style="list-style-type: none"><li>• I hereby authorize 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.</li><li>• I understand 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.</li><li>• I understand that I 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 Medical Faculty Associates.</li><li>• 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.</li><li>• I understand that I am not required to sign this authorization form and that signing of this authorization is not a condition of the provision of treatment or payment.</li></ul>	

I am requesting Proxy access be granted and I certify that (check one):

- I am the Patient
- I have been granted the Patient's Health Care Power of Attorney
- I am the Patient's (circle one): Father / Mother and the Patient is a Minor
- I am the Patient's Legal Guardian

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note to Requestor: Once you have submitted the Proxy Access form, please allow 5-10 business days for processing. If the request is approved, the Proxy will be notified via email of their newly granted proxy access. If you have any questions regarding the status of your submitted form, please contact the patient's doctor's office.

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**INTERNAL MFA STAFF USE ONLY:**

Date Received: \_\_\_\_\_ Name of Staff Member who received form: \_\_\_\_\_

Requestor's ID Verified?:  Yes  No

Instructions for Staff:

1. Make a copy of the Proxy Requestor's photo identification card.
2. Scan the photo ID and this MyChart Proxy Access Form into the **Patient's** chart in Epic using the Document type (at the patient level) "MyChart and MyChart Bedside Proxy Consent."
3. Route the scanned document to your clinic's Administrative Assistant InBasket pool for processing.
4. Clinic Manager: If the Proxy Request involves legal documents (e.g., Power of Attorney) please route the scanned document to the HIM ANALYSTS pool.

Patient Type	Who may act as Proxy	Who must provide authorization / signature	Revocation / termination
<b>Competent Adult</b>	The Patient may designate any other adult to have Proxy access to the Patient's MyChart account.	<p>The patient can grant and revoke proxy access at will from their own MyChart account.</p> <p>If the adult patient does not have or want their own personal MyChart account, the patient must co-sign this form approving the Proxy's access to the Patient's account.</p>	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.
<b>Incompetent Adult</b>	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 Medical Faculty Associates 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.
<b>Minors Age 0-12 years</b>	<p>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.</p> <p><b>Foster Parents:</b> Medical Faculty Associates does not allow foster parents to have Proxy access to their foster child's MyChart account.</p>	The minor's parent or legal guardian must sign this form, authorizing the individual listed to have access to the Patient's account.	<p>The Patient's parent or legal guardian may revoke Proxy access at any time.</p> <p>On the Patient's 13<sup>th</sup> birthday, Proxies' access to the minor's medical information is limited.</p>
<b>Minors Age 13-17 years</b>	Due to Federal and State confidentiality laws specific to teen Patients between the ages of 13 to 17 years, 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 13-17 years.	Patients ages 13-17 years are eligible for their own MyChart account. They can grant and revoke proxy access directly from their personal MyChart account.	<p>On the Patient's 13<sup>th</sup> birthday, Proxies' access to the minor's medical information is limited.</p> <p>On the patient's 18<sup>th</sup> birthday, Proxies' access to patient's chart is automatically terminated.</p>