



Proxy Access Authorization Form

Name:  
Patient Email:  
Patient Date of Birth:  
Patient MRN:

Name of Proxy:  
Proxy Email:  
Proxy Address:  
Proxy DOB:  
Relationship to Patient:

By signing this MyChart Proxy Access Authorization Form (this "Authorization"), I understand that I am giving permission to **Eisenhower Health** to disclose confidential health information contained about me through MyChart to the person whose name is designated above (my "Proxy").

I understand that MyChart is a web-based service through which some (but not all) of the information contained in my **Eisenhower Health** electronic medical record ("EMR") (to the extent that I have an EMR) may be accessed, and that MyChart sometimes shows a summary or description and not the actual entries in my EMR. I understand that by signing this Authorization, my Proxy will be given electronic access through MyChart to all confidential health information about me that is available through MyChart, including confidential health information about me that under most circumstances my Proxy would not be able to access without my permission.

I understand that this Authorization is valid until I revoke it. I understand that I have the right to revoke this Authorization at any time, but that my revocation will not be effective until delivered in writing at the following address:

Eisenhower Medical Center  
Attn: Health Information Management Department  
39000 Bob Hope Drive  
Rancho Mirage, CA 92270

I understand that MyChart access is a privilege, not a right, and that my Proxy must agree to comply with the MyChart Terms and Conditions of Patient Use. **Eisenhower Health** will provide my Proxy a special activation code and instructions for accessing confidential health information about me in MyChart. The first time my Proxy uses the special activation code, my Proxy must review and accept the Terms and Conditions and the Proxy Disclaimer. If my Proxy does not accept and at all times comply with the Terms and Conditions or does not accept the Proxy Disclaimer each time my Proxy accesses MyChart, I understand that **Eisenhower**

**Health** may deny my Proxy access or revoke my Proxy's to access confidential health information about me in MyChart. I also understand that **Eisenhower Health** may deny my Proxy access or revoke my Proxy's access for any reason and at time in **Eisenhower Health** discretion.

I understand that my Proxy must sign the Acknowledgment set forth below and have their information verified by the Health Information Management Department, and that my Proxy must complete and return the form to **Eisenhower Health** before **Eisenhower Health** will take any additional steps to give my Proxy access information about me in MyChart.

A copy of this Authorization and a notation concerning my Proxy shall be included in my original health records. I understand that confidential health information about me disclosed in MyChart to my Proxy pursuant to this Authorization might be disclosed by my Proxy and may, as a result of such disclosure, no longer be protected to the same extent as such confidential health information was protected by law while solely in the possession of **Eisenhower Health**.

**Proxy Access Options for Adults:** please initial which option your proxy should have

\_\_\_\_\_ Full Access – your proxy can see your records, message providers, request medication refills, schedule and cancel appointments, view and pay bills, answer questionnaires, and submit updates to your information on your behalf

\_\_\_\_\_ Scheduling & Messaging - your proxy can request appointments, message providers and update your demographic information on your behalf. They cannot view test results or most other records

\_\_\_\_\_ Read Only Access – your proxy can view your appointments, lab results, medications, allergies, bills, medical and immunizations

Signature of Patient or Legal Guardian

Date:

\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Printed Name of Patient or Legal Guardian

Relationship (if not self)

\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGEMENT TO BE COMPLETED BY PROXY:**

I acknowledge and agree that the above information, including my name, e-mail address, date of birth, and mailing address are true and correct. I further agree to comply with the Terms and Conditions and Proxy Disclaimer.

Proxy Signature

Date:

\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Printed Name of Proxy

\_\_\_\_\_

\*POA/Guardianship documentation must be included with this form, if applicable\*

## Supplemental Use Agreement and Parental Authorization

Parents or legal guardians can use MyChart to access medical information for their children who are under the age of 18. Please read this Supplemental Use Agreement and Parental Authorization carefully.

- The parent or legal guardian must establish a MyChart account for themselves before access can be granted to a child's account.
- When a child turns 12 years old, access to medical information by the parent or legal guardian will be restricted based on legal requirements.
- When a child turns 18 years old, access to medical information by the parent or legal guardian will be automatically terminated.
- The parent or legal guardian may make a request to revoke access to the child's account at any time.
- **Eisenhower Health** may revoke a parent's access if the child notifies **Eisenhower Health** of verifiable emancipated status.
- **Eisenhower Health** may, at its sole discretion, deny or revoke access for any reason including cases where parent/parent or parent/child disputes cannot be resolved.