

ProHealth Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-262-928-4465 (VRS: 1-866-327-8877).
ATENCIÓN: Si habla español, enemos a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-262-928-4465 (VRS: 1-866-327-8877).
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-262-928-4465 (VRS: 1-866-327-8877).

Proxy Information (Person requesting access to another patient's MyChart account)
(all fields are required)

Proxy Name:	Proxy Date Of Birth:
Proxy Address:	Proxy SS#
Proxy City, State, Zip:	Proxy Phone Number:
Proxy Email Address:	

If you are requesting proxy access, please check one of the boxes below. Please note that for all types of proxy access, the patient's chart will be accessed through your MyChart account. A MyChart account will be created for you as a part of this proxy request.

Adult Proxy Access Request (please check below and fill out adult patient information):

- Adult-Adult (Access to another adult's MyChart record)** The patient must provide authorization for release of medical information in MyChart, by signing the AD-32 MyChart Adult Proxy Authorization Release of Information Form.

Adult patient's information: (All fields required for adult proxy access. Please print clearly.) Complete this section with information about the adult patient whose MyChart record you are requesting to access.

Patient Name: _____ Date of Birth: _____
 Street Address: _____ City: _____
 State: _____ Zip: _____

Child Proxy Access Request (please check appropriate box(es) below and fill out child's information on next page:

*Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child's record by other means.

- Child Age 0 - 11: (Access to your minor child's MyChart record - full access)**
- Child Age 12-17 (limited access)** You will be granted partial access to your child's MyChart record (e.g., appointment scheduling, immunizations). This is in keeping with privacy laws.
- Child Age 12-17 (full access):** You will be granted full access to your child's MyChart record if your child (age 12-17) approves access by signing AD 32 MyChart Proxy Authorization Release of Information form.

Please mail or fax form to:
 Health Information Management Identity - Data Integrity
 N17 W24100 Riverwood Drive, Suite 200
 Waukesha, WI 53188
 FAX: (262) 544-9489
 mychartadministrator@phci.org



507 Authorization



PROXY

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Child's Information:

Complete this section with information about your minor children whose MyChart records you're requesting to access. If you have more than three children for whom you'd like proxy access, please request another form.

- A. Name (last, first, middle initial) _____ Date of Birth _____
- B. Name (last, first, middle initial) _____ Date of Birth _____
- C. Name (last, first, middle initial) _____ Date of Birth _____

- Once your child reaches age 18, you will no longer have access to your child's MyChart record.

Electronic Protected Health Information in ProHealth Care's MyChart

Secured Messaging	Appointments	Test Results	Medications	Plan of Care
Allergies	Immunizations	Preventive Care	Medical History	Provider Notes
Hospital Admissions	Track My Health	Billing & Insurance	My Account Letters	
Diagnosis	Current Health Issues	After Visit Summary	Upcoming Tests and Procedures	

MyChart Terms and Conditions for Granting/Receiving Proxy Access:

- I understand that MyChart is intended as a secure online source of my personal health information. If I share my MyChart ID and password with another person, that person may be able to view health information about me, or my child's health information and health information about someone who has authorized me as a MyChart proxy.
- I understand 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 limited medical information from my medical record and that MyChart does not include the complete contents of the medical record. I understand that I can request a paper copy of a patient's medical record and that I may be charged a fee for such copies.
- I understand my activities within MyChart may be tracked by computer audit and entries I make may become part of the medical record.
- I understand that access to MyChart is provided as a convenience to patients, and that ProHealth Care has the right to revoke access to MyChart at any time for any reason.
- I understand that use of MyChart is voluntary and that I am not required to use MyChart to authorize another person (proxy) to access MyChart account.
- I understand that it is my responsibility to ensure that my e-mail address is current at all times, and that if my e-mail is not current I will not receive important messages from MyChart.

For MyChart sign-up and all types of proxy access:

By signing below, I acknowledge that I have read and understand this MyChart Proxy Access Sign-up Form, and I agree to its terms.

Proxy Signature: _____

Relationship to Patient: _____ Date: _____



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PROXY