Access to Another Patient's or your Child's MyChart Record (Proxy Access)

To request access to the MyChart record of another patient you must complete this form. Note that the patient's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for the patient.

Please complete and return the form to your clinic for proxy setup or you can fax to 612-873-1517or mail to:
Hennepin County Medical Center
Attn: HIM Department
701 Park Ave MC: S7
Minneapolis, MN 55415
You can also scan and e-mail to: mychartsupport@hcmed.org

For Clinic Use Only: Place Patient Label Here – Send to HIM to be Scanned

Requestor's (Proxy) Information: (All sections required – please print clearly.)

This section must be completed by and about the individual requesting access to another patient's MyChart record.

Name (*last, first, middle initial*) ______________________________

Social Security Number: ______________________ Date of Birth: ______________

Street Address: ______________________ City:______________ State: ______ Zip:________

Email Address: ______________________ Phone Number: ______________

Primary Clinic: ______________________Relationship to Patient: ______________

Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access the patient's record by other means. To request a paper copy of the patient's record, contact Health Information Management at 612-873-3197.

- If minor patient is **between the ages of 0-11,** parents/legal guardians will be granted full access to the minor patient's MyChart record.
- If minor patient is **between the ages of 12-18**, parents/legal guardians will be granted partial access to the minor patient's MyChart record. (e.g., appointment scheduling, immunizations)
- Once minor patient reaches 18 years of age**,** parents/legal guardians will no longer have access to the patient's MyChart record unless the patient consents to access.
- Adult to Adult or Diminished Capacity: Parents/legal guardians will be granted full access to the patient's MyChart record.

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

Patient's Information (All sections required – please print clearly.)

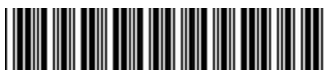
Complete this section with information about the patient whose MyChart record you're requesting access to.

Name (*last, first, middle initial*) ______________________Date of Birth ______________

Social Security Number:______________Email: ______________________

Street Address: ______________________ City:______________ State: ______ Zip: ________

Phone Number: ______________Primary Clinic: ______________________



► **Please remember to complete page 2 of this form.**

MyChart is a registered

MyChart Proxy

MyChart Terms and Agreement

- I know that MyChart is a secure online place for confidential medical information. If I share my MyChart ID and password with another person, that person may be able to look at my health information, my child's health information, and health information about someone who has given permission for me as a MyChart proxy.
- I agree that it is my responsibility to select a strong password and to not share my password with other individuals, and to change my password if I think someone might know it.
- I know that MyChart contains some medical information from a patient's medical record and that MyChart does not contain the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from HCMC Health Information Management by completing a Release of Information Request. I can obtain a copy of the form online, by calling (612)873-3197 to request, or by stopping at HCMC Health Information Management to pick up the form.
- I know that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I know that access to MyChart is provided by HCMC as something helpful for its patients and that HCMC has the right to turn off access to MyChart at any time for any reason.
- By signing below, I state that I have read this MyChart Sign-Up Form and I know and agree to its terms.
- I have provided legal documentation that authorizes me to have access to this patient's MyChart Record.

▶ ______________________________ / ____________________ / ____________________

Signature of Parent/Legal Guardian | **Relationship to Patient** | **Date** *(Required)*

▶ ______________________________ / ____________________ / ____________________

Signature of Patient (or authorized person) (*Required for patients 12 and over)* | **Relationship to Patient** | **Date** (Required)

For minor patients between 12-18 years old, please complete this section to grant your parent/legal guardian FULL MyChart access.

I ___________________________ hereby understand that with my signature I am granting my parent/legal guardian access to my medical information including, but not limited to: medications, past and future appointments, all messages to and from my provider(s), test results, immunizations and billing information.

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Signature of Patient (or authorized person) (*Required for patients 12 and over)* | **Relationship to Patient** | **Date** (Required)

MyChart Proxy