



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 (the proxy's) MyChart record.

Please complete and return the form to your clinic for proxy setup or you can fax to: 612.873.1518 or mail to:
Hennepin County Medical Center Attn: HIM Department
701 Park Ave MC: Shapiro 7
Minneapolis, MN 55415

You can also scan and e-mail to: mychartsupport@hcmcd.org

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

Was Proxy Access set-up in Epic during the patient visit?

Requestor's (Proxy) Information: (BOLD 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**, you will be granted full access to the minor patient's MyChart record.
- If minor patient is **between the ages of 12-18**, to be compliant with Minnesota law, you will be granted parental 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.

Please provide the following information for the patient

Patient Information (BOLD sections required – please print clearly.)

Name (last, first, middle initial) _____ **Date of Birth** _____

Primary Clinic: _____ Social Security Number: _____

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 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

Date (Required)

Signature of Patient (or authorized person)
(Required for patients 12 and over)

Date (Required)



My Chart Proxy

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