

# MyChart Proxy Request and Authorization Form

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Patient Identification

MyChart is a web-based version of Ballad Health's electronic medical information system which contains certain medical information and provides a secure way to communicate with health care providers. Access to a patient's information in MyChart may be granted to (1) an adult who has been authorized by the patient (an "**Authorized Adult**") such as a spouse/partner, adult child or other relative or friend, (2) a parent of a child; or (3) a person who has the legal authority to access the patient's medical information based on the person's status as a legal guardian of a child, or as a legal representative of an adult who is unable to make decisions about health care, including a legal guardian, a conservator or a health care agent or health care power of attorney (a "**Legal Representative**"). A person other than the patient who is authorized to access a patient's medical information in MyChart is called a "**Proxy**". This form is utilized to request access to a patient's medical information in MyChart as a Proxy.

## Section 1. Patient and Proxy Information. Required for all Proxy requests.

Patient information (person whose medical information will be accessed)			
Patient Name: (last, first, middle initial):			
Address:	City:	State:	Zip:
Previous Name(s):		Date of Birth:	
Home Phone #:	Mobile Phone #:	Email:	
Proxy Information (person who needs access to the patient's medical information)			
Proxy Name (last, first, middle initial):			
Address:	City:	State:	Zip:
Previous Name(s):		Date of Birth:	
Home Phone #:	Mobile Phone #:	Email:	
Type of Proxy: <input type="checkbox"/> Authorized Adult <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Health care agent or health care power of attorney for patient who is unable to make decisions about health care.			

## Section 2. Terms.

- By requesting access to MyChart and using MyChart, I agree to the MyChart Terms and Conditions of Use available at [www.balladhealth.org](http://www.balladhealth.org) and within the MyChart app, as updated from time to time by Ballad Health.
- MyChart is not an emergency response system and is not to be used for urgent and/or emergent messages.
- MyChart user IDs and passwords should not be shared. If I share my user ID and password with someone, that person will be able to access all information that I have access to in MyChart, including my medical information and the medical information of any person whose medical information I have access to as a Proxy.
- MyChart may include sensitive information, including information about sexually transmitted diseases, pregnancy, gender identity and orientation, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health conditions, and/or alcohol and/or drug abuse.
- All medical information maintained by Ballad Health is not available through MyChart. Medical information not available through MyChart may be obtained by submitting a request following the directions on Ballad Health's web site at [www.balladhealth.org](http://www.balladhealth.org) or through MyChart.
- You are not required to use MyChart to obtain services from Ballad Health.
- MyChart is made available as a convenience. Ballad Health has the right to deactivate MyChart.
- My activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's record.

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- If I am requesting Proxy access as Legal Representative of a patient, I must provide legal documentation to verify my status. If you are a health care agent or health care power of attorney, I must also provide documentation from two health care providers that the patient is unable to make medical decisions. I will notify Ballad Health if my status as Legal Representative for the patient ends and stop accessing the patient's information in MyChart.
- If I am a parent requesting Proxy access to my child's medical information, I certify that my parental rights have not been terminated and there are no court orders limiting my access to my child's medical information.
- If I am a parent or Legal Representative requesting Proxy access to the medical information of a child aged 12-17 (a "Teen"), I understand that the information available to me through MyChart will be limited unless (1) I agree that the Teen may have access to the Teen's information in MyChart, and the Teen agrees that I may have Proxy access to the Teen's information in MyChart; or (2) the Teen has a medical condition determined by the Teen's health care provider to prevent the Teen from making decisions about health care.
- Any patient aged 12 and older who is able to make health care decisions may revoke Proxy access at any time through MyChart under Share My Care, then revoke access. Patients can also call the MyChart Technical Support number at 866-517-5873 or email us at [MyChartCentral@balladhealth.org](mailto:MyChartCentral@balladhealth.org). Revocation by a Teen of a parent or Legal Representative's Proxy access will also end the Teen's access.
- All information provided in this form, as well as any legal documentation provided, is accurate and complete.
- I agree on behalf of myself, and the patient if I am a parent or Legal Representative, to waive and release Ballad Health, its affiliates, their officers, directors, employees, agents, successors, and assignees from all claims or causes of action that are in any way related to the use of MyChart.

### **Section 3. Patient Authorization and Agreement. Required for Authorized Adult and Teen Proxy Access Requests.**

By signing below, I, the Patient named on page 1 of this form, authorize the Proxy named on page 1 of this form to have access to my medical information in MyChart and acknowledge that I have read, understand, and agree to the Terms of Section 2 of this form.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### **Section 4. Parent/Legal Representative Authorization and Agreement or Health Care Provider Certification. Required for Teen Proxy Access Requests.**

By signing below, I, the parent or Legal Representative of the patient named in Section 1 of this form, authorize the Teen to have access to the Teen's medical information in MyChart and acknowledge that I have read, understand, and agree to the Terms in Section 2 of this form.

Parent/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**OR**

By signing below, I certify that the patient named in Section 1 of this form has a medical condition that prevents the patient from making decisions about health care.

Health Care Provider Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### **Section 5. Proxy Agreement. Required for all Proxy Access Requests.**

By signing below, I, the Proxy named in Section 1 of this form, acknowledge that I have read, understand, and agree to the Terms of Section 2 of this form.

Proxy Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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For Official use:

1. I have given a photocopy of the signed MyChart Proxy Request and Authorization Form to the patient and/or the Proxy, as applicable.
2. I have placed a patient label on each of the pages going into the medical record.
3. I have reviewed, copied, and submitted legal documentation for review, as applicable.
4. I have verified the identity of the patient and Proxy, as applicable.

Date:	By:	
Date:	Name:	Title:
Signature:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied   By:		