MyChart Proxy Request Form

BalladHealth

Patient Identification

MyChart is a web-based version of the electronic medical information system hosted by Ballad Health which contains certain medical information and provides a secure way to communicate with health care providers. A person other than the patient who is authorized to access a patient's medical information in MyChart is called a "**Proxy**" 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 person who has the legal authority to access the patient's medical information such as the parent or legal guardian of a minor or a person designated by the parent or legal guardian of a minor, such as a grandparent or other adult relative; or (3) a person's status 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 holder of a health care power of attorney (a "**Legal Representative**"). A parent or legal guardian of a minor/patient may grant such minor/patient Proxy access. During this process, a parent, Authorized Adult, Legal Representative or Proxy will be requested to present a copy of a valid identification such as a driver's license. This includes the patient's parent and the Proxy. If the Proxy is a Legal Representative, the Legal Representative will also be requested to present copies of the legal documents establishing such relationship. In the absence of this information or documentation, Ballad Health or its affiliates may deny Proxy access to MyChart.

Section 1.A 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:		
Mobile Phone #:	Email:		

Section 1.B Parent or Legal Guardian Information (if applicable)			
Name: (last, first, middle initial):			
Address:	City:	State:	Zip:
Previous Name(s):	Date of Birth:		
Home Phone #:	Mobile Phone #:	Email:	

Section 1.C Proxy Information (person who needs access to the patient's medical information)			
Name (last, first, middle initial):			
Address:	City:	State:	Zip:
Previous Name(s):	Date of Birth:		
Home Phone #:	Mobile Phone #	Email:	
Type of Proxy: ❑ Authorized Adult ❑ Legal Representative ❑ Parent ❑ Minor (under the age of 18) ❑ Grandparent			

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Section 2. Terms and Conditions of Use.

I agree to the MyChart Terms and Conditions of Use as published on the Ballad Health website at: www.balladhealth.org and within the MyChart app, as updated periodically by Ballad Health. I acknowledge that I have read such terms and conditions of use and agree to be bound thereby. I represent and certify to Ballad Health or its affiliates that all information on this form, as well as any legal documentation that I have provided to Ballad Health or its affiliates are true, accurate and complete in all respects. I further agree on behalf of myself and the patient if I am a Legal Representative to release and forever discharge Ballad Health; its affiliates; and their respective officers, directors, employees, agents, successors and assigns from all claims or causes of action arising from or related to my use of MyChart.

Section 3. Patient Authorization and Agreement.

By signing below, I, the Patient named on Section 1.A of this form, authorize the Proxy named on Section 1.C of this form to have access to my medical information in MyChart. I acknowledge that I have read, understand and agree to the Terms and Conditions of Use referenced in Section 2 of this form. (Signature of anyone 12 and over required here). I further acknowledge and understand that the information to which my Proxy may have access through MyChart includes the diagnosis and/or treatment of mental illness, alcohol abuse, drug abuse, STDs, HIV testing, HIV results, AIDS information, or genetic testing. (If you do not wish for any of these types of sensitive information to be shared, you should not sign this Proxy). I understand that information disclosed pursuant to this Proxy authorization may be subject to redisclosure by my Proxy. I understand that I may revoke this Proxy at any time by giving written notice to the facility in or from which I am receiving treatment, but it shall remain in effect until revoked by me.

Patient Signature: _____ Date: _____ Time: _____

Section 4. Parent/Legal Representative Authorization and Agreement

By signing below, I, the Parent or Legal Representative of the patient named in Section 1.B of this form, authorize the person identified as the Proxy in Section 1.C of this form to have access to the patient's medical information in MyChart and acknowledge that I have read, understand and agree to the Terms and Conditions of Use referenced in Section 2 of this form.

Parent/ Legal Representative Signature: _____ Date: _____ Time: _____

Proxy Signature: _____ Date: _____ Time: _____

- ❑ Copy of ID Obtained
- ❑ Copy of Legal Documentation Provided