

MYCHART PROXY ACCESS RELEASE OF INFORMATION REQUEST

The below release of information is needed for *proxy access*. A *proxy* is a person who has been given permission to access the patient's MyChart account and medical information available within MyChart. *Proxy access* is available to the following: anyone an adult patient permits to be a proxy (e.g., a spouse), parent of a minor, legal guardian of a minor or adult and the parent/legal guardian of a developmentally disabled minor or adult patient.

Enter the information for the individual asking for proxy access.

Complete this section for the person requesting proxy access to the patients MyChart. (Please print)

- **First and Last Name of Proxy** _____
- **Address** _____
- **City/State/Zip** _____
- **Phone** _____
- **DOB** _____
- **Email** _____

MY RIGHTS

I know I can withdraw this consent form. The way to withdraw is to write a letter to Health System,
Health Information Management Department
2003 Kootenai Health Way
Coeur D Alene, ID 83814

It would not affect any actions or reports already made by Kootenai Health System. It will not affect Kootenai Health using the information to bill for services.

Once Kootenai Health discloses your health care information the recipient may re-disclose your information and privacy laws may no longer protect your information. Federal and state laws forbid reporting of information about drug and alcohol abuse treatment, sexually transmitted diseases, or mental health issues without the written consent of the patient, or by law.

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment).

Patient or Parent/Legal Representative Signature _____
Date

Patient Identification – Write in or attach patient label

Name:

MRN #:

CSN #:

Age/Sex:



- Consent Other

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Staff use only

Mark the type of MyChart Proxy access:

- Adult accessing adult patient record
- Parent or legal guardian accessing minor patient record
Please note full proxy access will expire when the patient becomes 13 years of age.
Limited access will be given until the minor turns 18.
- Parent or legal guardian accessing developmentally disabled minor or adult patient record
 - KH Staff has confirmed the MyChart Special Proxy Access Order has been completed

Patient Identification – Write in or attach patient label

Name:

MRN #:

CSN #:

Age/Sex:



- Consent Other

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How to Complete the MyChart Proxy Access Release of Information Request Form

Patient Responsibility

1. In the blank box, clearly complete the information about the person you want to be your Proxy:

(First, and Last Name, Address, City, State, Zip Code, Phone, Date of Birth, and Social Security Number)
2. The Social Security Number is needed if the Proxy you are selecting is a non-Kootenai Health patient. Prior to submitting this form, please obtain this information. The form cannot be processed without this information.
3. Please legibly sign and date this document.

Kootenai Health Staff Responsibility

1. Under the type of MyChart Proxy Access, check the type of MyChart Proxy access the patient is going to receive.
2. Please verify that a patient label is placed on the bottom left of the page. If the patient label is not available, please clearly document the patient's full name, medical record number, CSN #, and patient's age/sex and most important date of birth.
3. Please clearly write on the form if "Proxy access has been given to the patient", the forward the completed Proxy form to Health Information Management (HIM).
4. HIM will scan the document into the electronic health record system.

Patient Identification – Write in or attach patient label

Name:

MRN #:

CSN #:

Age/Sex:

