Children's Wisconsin

MyChart Adult Patient Access/ Adult-Proxy Access Form

PATIENT LABEL HERE

Please choose which type of MyChart access you are requesting:

☐ **Adult (18 years and older) requesting access to my own MyChart account. (Complete section 1 of this form and patient signature in section 3).**

Section 1

PATIENT NAME:	DATE OF BIRTH:
STREET ADDRESS:	CITY/STATE/ZIP:
EMAIL:	PHONE NUMBER:
SSN: (Only required with submissions to HIM)	

Section 2

☐ **Adult (18 years and older) requesting access to another adult's MyChart account. (Complete sections 1 and 2 of this form and patient signature in section 3).**

By choosing this option, I authorize Children's Wisconsin, their affiliated clinics, entities, and other providers who use the Children's electronic medical record, to release my medical information to the below designated adult proxy.

PROXY NAME:	PROXY RELATIONSHIP TO PATIENT:
PROXY DATE OF BIRTH:	PROXY ADDRESS:
PROXY PHONE NUMBER:	PROXY EMAIL:

Proxy Signature (required) _____ Date (required) _____

Section 3

I understand that:

- Authorizing proxy access will allow the person named below access to my personal health information through MyChart. This form does not authorize release of my medical records to my designated proxy by other methods or in other forms.
- If I no longer wish this individual to access my information, it is my responsibility to revoke their access.

- A written request must be made to revoke this proxy access, and any actions taken or accesses made prior to that revocation were authorized as part of the initial signature and date.

- All activities within my MyChart account may be tracked by computer audit, and entries my proxy makes may become part of my medical record.

- Access to a MyChart account is provided as a convenience, and access to my MyChart account may be revoked at any time for any reason, including unauthorized or inappropriate actions made by my proxy.

- Use of my MyChart account is voluntary, and I am not required to use MyChart or to authorize another person (proxy) to access my MyChart account.

- The authorization permits access to any care provided to the date of the authorization as well as any care and treatment provided while the authorization is valid.

- While CW has taken efforts to remove sensitive information from MyChart, there may be sensitive information available in MyChart. This means my proxy will have access to records that may include information relating to the diagnosis and/or treatment of mental illness, alcohol/drug abuse, STD's, HIV test results, adolescent health, developmental disabilities and genetic testing results.

- Once information has been disclosed, the proxy may further disclose my health information and it may no longer be protected by federal health law.

- By signing below, I acknowledge that I have read and understand the authorization, and I agree to its terms and grant proxy access to my personal health information via MyChart to the individual named in section 2.

_____ _____

Patient Signature (required) Date (required)

Return all forms to:

- Via email to MedicalRecords@childrenswi.org
- Via fax to 414-266-1733
- Via mail to:

Children's Wisconsin
Health Information Management
PO Box 1997
Summit 4300 3W
Milwaukee, WI 53201