Authorization for Adult Proxy Access to MyChart

Patient Information

Name – Last, First, MI	Former Name(s)/Alias	
Street Address	City	State Zip
Email Address	Date of Birth	Phone

I understand that all messages sent on my behalf should be non-urgent and that MyChart is NOT to be used in an emergency.

I understand that this allows my proxy online access to my personal health information maintained by Emplify Health, which may contain protected health information created by Emplify Health and non-Emplify Health providers who were authorized to use the Emplify Health electronic medical records system and its MyChart system for their own patients ("Epic Community Connect Partners"). These are independent community practices and providers and are not part of Emplify Health. While this capability is offered to patients as a convenience, Emplify Health is not responsible, in any way, for these community practices or any of their activities. Our Epic Community Connect Partners include Crossing Rivers Health, N.E.W. Community Clinic, Tomah Health, Unity Hospice, Urology Associates, and Vernon Memorial Hospital.

INITIAL ONLY ONE OF THE FOLLOWING (If neither is initialed, Limited Access will be assigned by default):

_____*Full Access:* Allows the proxy to view clinical information like test results and medications, also allows them to use messaging and scheduling features.

_____*Limited Access:* Allows the proxy to see clinical information like test results and medications. It does not allow them to use messaging or scheduling features.

This authorization permits access to any care provided prior to the date of the authorization, as well as any care and treatment provided while the authorization is valid. I understand that the proxy will have access to the following information: this may include, but is not limited to:

- Genetic test results, HIV test results, and information regarding mental illness, alcohol/drug abuse, AIDS related illness and developmental disabilities
- Ability to communicate to my clinician/provider's care team regarding care and treatment
- Ability to review and request appointments
- Request renewals on prescriptions
- View summary information about medical history

The reason for this access authorization is for the proxy to play a more active role. I understand that additional information may be made available to the proxy through MyChart as this application advances. I understand that all activities within MyChart are tracked and messages the proxy submits shall become part of the permanent medical record. I understand that MyChart is optional/voluntary, and that the provider has the right to deactivate access to MyChart for unauthorized or inappropriate actions made by the proxy. I understand that by inviting this person to access the record, I am authorizing Emplify Health and/or its Community Connect Partners, documentation of my authorization to provide proxy access to MyChart.

Your Rights with Respect to This Authorization

This authorization is valid until I revoke it. I understand that a written request is necessary, unless I revoke access in MyChart. I understand that my revocation will not affect uses and/or disclosures already made in reliance upon this authorization. I realize that the information used and/or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy law. I understand that I do not need to sign this authorization to receive treatment. I understand that I have the right to inspect or obtain copies of the information being authorized for disclosure to my proxy by reviewing what is available in my MyChart account or by contacting the medical record department where I receive services.

Having read this authorization, I hereby agree to abide by the terms of this agreement and grant proxy access to protected health information via MyChart to the individual named below.

Proxy Information

Proxy Name	Relationship to Patient		Date of Birth
Proxy Address	City	State	Zip
Proxy Cell Phone	Proxy Email		

I understand that this authorization will remain in effect until revoked in writing or I revoke myself in MyChart.

Signature:_____ **Date:**_____

Printed Name of Person Signing:_____

If signed by someone other than the patient: ☐ Legal Representative ☐Health Care Agent (Health Care Power of Attorney)

Please return completed form to the organization you receive treatment.

Emplify Health 1900 South Avenue, NCA1-09, La Crosse, WI 54601 PHONE: (608) 775-0303 FAX: (608) 775-4706 EMAIL: mychart@emplifyhealth.org	**Crossing Rivers Health** 37868 US Hwy 18, Prairie du Chien, WI 53821 PHONE: (608) 357-2246 FAX: (608) 357-2277 EMAIL: HIM@crossingrivers.org
NEW Community Clinic 610 N Broadway Green Bay WI 54303 PHONE: (920) 863-9376 EMAIL: hbs@newcommunityclinic.org	**Tomah Health** Health Information Services Dept 501 Gopher Drive, Tomah, WI 54660 PHONE: (608) 377-8610 FAX: (608) 377-8743 EMAIL: hisdept@tomahhealth.org
Unity Hospice 2366 Oak Ridge Circle, De Pere, WI 54115-9207 PHONE: (920) 338-1111 EMAIL: medicalrecords@unityhospice.org	**Urology Associates** 1385 W Main Ave, De Pere, WI 54115 PHONE: (920) 433-9400 FAX: (920) 433-9409
Vernon Memorial Healthcare 507 South Main Street, Viroqua, WI 54665 PHONE: (608) 637-4332	