THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

PATIENT REQUEST FOR MyChart PROXY ACCESS
(For patient to give another person or parent/legal guardian access to the patient's MyChart)

If you are 18 years of age or older and would like another adult to access your medical information contained in MyChart, then you, as the patient, should complete this form. If you are 13-17 years old, you may only request proxy access for a parent or legal guardian, and you should complete this form.

If you are a parent of an unemancipated minor patient under the age of 13 or legal guardian of a patient under the age of 13 and would like to access the patient's medical information contained in MyChart, then you should complete this form.

Patient's Full Name:_____ Date of Request: _____

Patient's Medical Record Number:_____ Patient's Date of Birth: _____

Patient's Address: Street Address: _____

City:_____ State:_____ Zip: _____

Patient's Telephone Number: Home: ( )_____ Work: ( )_____ Cell: ( ) _____

Name of Proxy: _____

Proxy's Date of Birth: _____

Proxy's Address: Street Address: _____

City:_____ State:_____ Zip: _____

Proxy's Telephone Number: Home: ( )_____ Work: ( )_____ Cell: ( ) _____

Proxy's E-Mail Address: _____

Proxy's Relationship to Patient: ☐ Parent ☐ Legal Guardian ☐ Other Adult

Has the proxy ever been a patient at the OSU Wexner Medical Center or affiliated hospital? ☐ Yes ☐ No ☐ Don't Know

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Please Read Carefully

I understand that my medical information is in MyChart. This may include personal and private information and results of tests and treatments I have had.

I know that my proxy could share information that is in MyChart with others. I know there may not be laws that protect my privacy in this case.

I know that signing this form only gives my proxy access to information in MyChart.

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I know it is my choice to use MyChart and have a proxy.

I know that my care and services at OSU Wexner Medical Center or affiliated hospitals will not change based on whether or not I sign up to have a proxy.

I know that this proxy access does not grant my proxy any legal right to make decisions about my health care.

Unless I am a minor under the age of 18, proxy access does not grant legal representation for my health care.

I give the Ohio State University Wexner Medical Center, its healthcare providers, and its employees permission to release the information in MyChart.

I know this may include treatment for physical and mental illness, alcohol or drug abuse, AIDS (Acquired Immunodeficiency Syndrome), or results of an HIV test. A separate permission is required for the release of psychotherapy notes. I give consent to review information in MyChart. **Taking back this permission is effective except as noted in the Joint Notice of Privacy Practices. Information released by this authorization may no longer be protected by federal privacy rules, such as HIPAA.**

I understand that The Ohio State University Wexner Medical Center and affiliated hospital cannot condition my treatment or payment for health care on this authorization unless the treatment is research-related or the care was provided solely to provide information for a third party.

I know that I can stop or change my proxy at any time by sending a written request to: The Ohio State University Wexner Medical Center, Medical Information Management Department-Attn: ROI Manager, N113 Doan. Columbus, Ohio 43201.

I understand that this form will be in effect for fifty years from the date it is signed. I must sign a new proxy in fifty years to renew the proxy's access in MyChart.

NOTE: Only five people can have proxy access to your information in MyChart.

Signature of Patient or Person Authorized to Consent	Date Signed
Relationship, if not the patient	Date Signed

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_____ _____

Witness (Optional) Date Signed

For Clinic Office Staff Only

Name of Clinic: _____

Office Associate's Name Confirming Identity of Person Completing Form: _____

Office Associate's Contact Number: _____

Date Scanned: _____