McFarland Clinic

MyChart

Mary Greeley MEDICAL CENTER

Adolescent And Adult Proxy Form

Access to an Adolescent's (age 12-17) or Adult's MyChart Record

To request access to the MyChart record of an adolescent age 12-17 or an adult whose medical care you help manage, please complete this form. The patient's MyChart record will be accessed through your MyChart record. If you do not have access to MyChart an activation letter will be sent to your home address. You will then need to activate your account to view the adolescent or adult's MyChart record. ***Once an adolescent reaches age 18, this form will expire and a proxy will no longer have access to the child's MyChart record.*** *This form may be completed again for Adult Proxy at that time.*

Return forms to **MyChart Services, PO Box 3014 Ames, IA 50010,** or fax to **(515) 956-4189.**

Proxy Information (All sections required – please print clearly)

This section should be completed by the individual seeking access to another person's MyChart record.

Name (*last, first, middle initial*) _____ Date of Birth _____

Last 4 digits of SSN _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____

Patient's Information (All sections required – please print clearly)

Complete this section with information about the patient whose MyChart record you're requesting access to.

Name (*last, first, middle initial*) _____ Date of Birth _____

Last 4 digits of SSN _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____

Patient hereby agrees to the following:

- I authorize release of any information (including any protected health information) contained in my MyChart medical record maintained by McFarland Clinic, P.C. ("McFarland Clinic") and Mary Greeley Medical Center to the person named above as my MyChart proxy.
- I understand that my information in MyChart is obtained from my electronic medical record and **may include information regarding mental health/depression, substance abuse (alcohol or drug) and infectious disease, including AIDS/HIV** from all facilities in the McFarland Clinic Notice of Privacy Practices. **IMPORTANT: PATIENT MUST INITIAL THIS SECTION:**_____
- I authorize release of this information ***only*** through my MyChart record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.
- I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by federal privacy protections.
- I understand that access to MyChart is provided by McFarland Clinic and Mary Greeley Medical Center as a convenience to its patients and McFarland Clinic or Mary Greeley Medical Center has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- I may revoke this authorization at any time online pursuant to instructions at www.mcfarlandclinic.com or by providing a written request for revocation to my primary clinic. I understand that if I revoke this authorization, my designated proxy's access to MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.
- By signing below, I acknowledge that I have read and understand this MyChart Adolescent and Adult Proxy Form and I agree to its terms.

_____ / _____

Signature of Patient or Authorized person (Required) Date

_____ / _____ / _____

Proxy Signature (*Required*) Relationship to Patient Date