MyChart® Powered by Queen's

Adult Proxy Authorization for Release of Medical Information

This form is an authorization that will permit providers utilizing The Queen's Health Systems (QHS) Electronic Health Record (EHR) system to release your medical information in your MyChart to your designated adult proxy. Please read it carefully.

This form should be completed by the patient who is authorizing another adult to access medical information in his or her MyChart record. It must accompany the Adult Proxy Request Form, which provides the name and information of the individual who the patient is authorizing to access their MyChart record as a proxy. If you do not have an Adult Proxy Form, please contact your clinic or provider, or download one from https://mychart.queens.org

Patient Name (*last, first, middle initial*) _____

Last 4 digits SSN: _____ Date of Birth: _____

I authorize _____ *(insert name of proxy)* access to my health information that is available in my MyChart powered by Queen's. This person is my designated MyChart proxy. I understand that the medical information in MyChart is obtained from my electronic medical record and may include information from all facilities, clinics and providers participating with MyChart powered by Queen's.

I authorize release of all health information contained in my MyChart to my designated proxy; including any of the following information should it be contained in my MyChart: Acquired Immune Deficiency Syndrome (AIDS), ARC or HIV, alcohol and/or drug abuse treatment and/or behavioral or mental health services. I understand that this authorization applies only to the release of the information through my MyChart. 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 to my proxy through MyChart, it may be re-disclosed by the proxy and no longer protected by federal privacy regulations.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that QHS and my providers will not condition any of my health care treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.

This authorization will expire automatically one year from the date of my signature. I understand that I may revoke this authorization at any time by providing a written request for revocation to Medical Records at The Queen's Medical Center (1301 Punchbowl Street Honolulu, HI 96813). I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended within 5 business days of receipt of the revocation request. I also understand my revocation will not apply to any information that was already disclosed in reliance on this authorization.

_____ _____

Signature of Patient (or Personal Representative) Date of Signature

Printed Name: _____

If person other than the patient signs, indicate authority to sign for patient (e.g., guardian) and attach documentation:

_____

NOTE: Authorization expires one year from the date of signature (above). A new *MyChart Proxy Authorization Form* must be submitted each year to renew proxy access. You also may deactivate the access of the adult proxy specified above at any time through MyChart or by providing a written request to QMC Medical Records.

MyChart® Powered by Queen's Adult Proxy Request Form

Access to Another Adult's MyChart Record

To request access to the MyChart record of an adult whose medical care you help manage, please complete this form. The patient or his/her legal representative must sign this form and provide authorization for release of medical information in MyChart on the "Adult Proxy Authorization Form." Please note that the patient's chart will be accessed through your (the proxy's) MyChart record. Completing this form will establish a MyChart record for you and for the patient.

Return completed forms to your provider's office or to The Queen's Medical Center, MyChart Medical Records, 1301 Punchbowl Street, Honolulu, HI 96813.

Your Information (All sections must be completed – incomplete forms will not be processed.)

This section must be completed by the individual requesting access to another adult's MyChart record.

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

Last 4 digits SSN: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Primary Clinic/Provider (if at Queen's): _____

Patient's Information (All sections must be completed – incomplete forms will not be processed.)

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

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

Last 4 digits SSN: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Primary Clinic/Provider (if at Queen's): _____

- I understand that:
  - MyChart is intended as a secure online source of confidential medical information.
  - **MyChart is not to be used in an emergency.**
  - The use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
  - It is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way. If I share my MyChart ID and password with another person, that person may be able to view my or my child's health information, as well as information about any individual who has authorized me as a MyChart proxy.
  - If I am authorized for proxy access to another person's record I must log in to my own MyChart account and click on "View Other Records" to access his/her record online.
  - MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record.
  - My activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
  - Access to MyChart is provided by The Queen's Health Systems (QHS) as a convenience to its patients and that QHS has the right to deactivate access to MyChart at any time for any reason
- By signing below I agree to abide by the terms and conditions on the MyChart powered by Queen's site. Terms and Conditions are also viewable within My Chart

▶ _____ / _____ / _____

Your (Proxy) Signature (*Required*) **Relationship to Patient** **Date**

I acknowledge that I have read and understand this MyChart Sign-up form. I agree to its terms and choose to designate the person named above as my MyChart Proxy, thereby allowing them access to my MyChart medical record.

▶ _____ / _____ / _____

Signature of Patient (or legal representative) (*Required*) **Relationship to Patient** **Date**