

MyChart proxy access allows a person to access data in another person’s medical record available on MyChart. Patients may wish to grant access to a family member and/or friend when they need assistance managing their appointments and other medical needs. Parents/Patient Representatives may request access to their minor child medical records using this form. In any Proxy relationship, two people are involved. One of these is the person whose chart is being accessed (“Patient”). The other is the person who needs access to the chart (“Proxy”). Patients may designate multiple Proxies, if needed. Only adults ages 18 years and older may act as a Proxy. Allowed actions in limited access are defined in the “Authorization” section.

Patient Type	Who may act as Proxy?	Who approves proxy request?	Revocation/termination of Proxy access
<p>Minors ages 0-9 years</p>	<p>A parent or legal guardian may designate himself/herself to have Proxy access to the Patient’s MyChart account. A Patient’s legal guardian seeking access to a Patient’s MyChart account must provide the appropriate legal documentation.</p> <p>The patient’s representative will have full proxy access when the patient is less than 10 years of age. Upon the patient’s 10th birthday, the proxy access will transition to limited proxy access.</p>	<p>The minor’s parent or legal guardian must sign this form, authorizing the individual listed to have access to the Patient’s account.</p>	<p>The Patient’s parent or legal guardian may revoke Proxy access at any time. The parent or legal guardian’s access to the Patient’s MyChart account will terminate on the Patient’s 18<sup>th</sup> birthday.</p>
<p>Minors ages 10-17 years</p>	<p>Due to confidentiality practices specific to Patients between 10 to 17 years of age, there are certain types of medical information that the parent or guardian of a minor Patient may not view online. Because of these requirements, we allow a limited level of proxy access for Patients 10-17 years of age.</p> <p>Patients 10-17 years of age can have their own MyChart account but the information included is very limited.</p>	<p>The minor’s parent or legal guardian must sign this form, authorizing the individual listed to have access to the Patient’s account.</p>	<p>The parent or legal guardian’s access to the Patient’s full MyChart account will terminate on the Patient’s 18<sup>th</sup> birthday. Proxy access may be revoked at any time.</p>
<p>Incapacitated Patients (aged 10+ years)</p>	<p>Definition of incapacitated: Inability thru mental illness or significant cognitive impairment to carry on the everyday affairs of life or to care for one’s person or property with reasonable discretion.</p> <p>The patient’s representative/proxy will have limited access if the patient is less than 18 years of age. Upon the patient’s 18th birthday the proxy access will transition to full proxy access.</p> <p>Full Proxy access is available for patients 10 and older who are deemed as severely incapacitated. Physician’s letter is required.</p>	<p>The Patient’s representative must sign this form, and submit proof of medical representation authorizing the individual listed to have access to the Patient’s account.</p>	<p>The Patient’s representative may revoke Proxy access at any time. In addition, in the event that the Patient’s representative no longer acts in that capacity (e.g., power of attorney revoked), the Patient’s representative agrees to notify Salinas Valley Health promptly. Upon such notification, access to the Patient’s MyChart account will be terminated. In the interim period, the Patient’s representative agrees to not access the Patient’s MyChart account and understands that doing so constitutes unauthorized access of private medical information.</p>

Patient Type	Who may act as Proxy?	Who approves proxy request?	Revocation/termination of Proxy access
Competent adult	The Patient may designate any other adult to have Proxy access to the Patient's MyChart account.	The Patient must have their own MyChart account and Patient can grant proxy access via their own MyChart account.  Access can also be granted by having both the proxy and patient sign this access request form.	The Patient can terminate a proxy's access at will via the Patient's MyChart account.

**AUTHORIZATION**

- The Patient (or Patient’s representative or parent) hereby authorizes the disclosure of medical and billing information about the Patient contained in the Patient’s MyChart account to the person granted Proxy access below. The purpose of this disclosure is to allow the person granted Proxy access to have ongoing access to the medical and billing information of the Patient identified below.
- The Patient (or Patient’s representative or parent) understands that the person receiving Proxy access is not a health care provider or health plan covered by federal privacy regulations and that the information accessed by the Proxy could be re-disclosed by such person leaving it unprotected.
- Patient (or Patient’s representative or parent) understands that he/she may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization, by using the “Revoke Access” option provided in MyChart or by contacting Salinas Valley Health.
- This authorization will expire upon revocation by the Patient (or Patient’s representative or parent) or upon termination of the Patient’s MyChart account or the Proxy’s proxy access.
- The Patient (or Patient’s representative or parent) understands that he/she is not required to sign this authorization form and that signing of this authorization is not a condition of the provision of treatment or payment.
- Limited proxy access authorizes a user to schedule appointments, send messages to clinics and see immunization information.
- Foster Parents: Salinas Valley Health does not allow foster parents to have Proxy access to their foster child’s MyChart account.
- If additional medical records are needed, contact the medical records department.

**TO BE COMPLETED BY PROXY REQUESTOR (INDIVIDUAL REQUESTING ACCESS)**

Name of Proxy Requestor:	Proxy’s Date of Birth (Required):
Address: (Required):	Proxy’s Gender (Required): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Proxy Requestor’s Email Address (Required):	Proxy’s Telephone Number (Required):

Is proxy requestor a patient at Salinas Valley Health, Taylor Farms Family Health & Wellness Center, Doctors on Duty, CSUMB Campus Health Center, Central Coast Nephrology, or Santa Lucia Medical Group?  
 No  Yes

I have read and understand the Requirements and Procedures regarding Proxy access above. All information I have provided is correct and true. I understand that:

- I must have a MyChart account to obtain Proxy access to another account.
- I must log in to MyChart with my own User ID & Password when utilizing Proxy access
- I agree to abide by the Salinas Valley Health MyChart Terms and Conditions
- Salinas Valley Health reserves the right to revoke Proxy access to a MyChart account at any time
- I must supply proof of identity with a valid form of photo ID

I am requesting Proxy access for the Patient identified below and I certify that (check one):

- I have a right to the Patient’s medical information because I am the Patient’s (circle one) Father / Mother
- I am the Patient’s legal guardian/caregiver\*
- I have been designated as the Patient’s Health Care Power of Attorney\*
- I have been designated in an Advance Directive\*
- I am the closest available relative of the minor or the incapacitated individual (Risk Management will be contacted)
- I am an adult family member or friend of the competent adult AKA Patient, and the Patient would like me to have proxy access to their medical information on MyChart.

\* You will be required to submit supporting documentation to verify your legal relationship to the patient.

Signature of Proxy Requestor:	Date:
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PATIENT INFORMATION	
Patient's Name (Required):	Patient's Date of Birth (Required):
Patient's Address (Required):	Patient's Gender (Required): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<p>The undersigned grants Proxy access for the above-named Patient's MyChart record to the person requesting access listed above.</p> <p><input type="checkbox"/> Patient is incapacitated. The Patient's legal representative must sign this section.</p> <p><input type="checkbox"/> Patient is a minor 0-9 years of age. The Patient's parent or legal guardian must sign this section.</p> <p><input type="checkbox"/> Patient is a minor 10-17 years of age. The Patient's parent or legal guardian must sign this section.</p> <p><input type="checkbox"/> Patient is a competent adult. The patient must sign this section.</p>	
Signature of Patient, legal representative or parent: _____	Date: _____
Relationship to Patient: _____	

To activate proxy access, please submit this completed form and copies of valid forms of photo identification, along with any appropriate supportive documentation by one of the following methods:

- By mail:            Salinas Valley Health  
                         Attention: Epic Department – Proxy Access  
                         450 East Romie Lane  
                         Salinas, CA 93901
- By Email:         mychart@salinasvalleyhealth.com
- By Fax:            831-759-3078
- In Person:        Can be dropped off at any Salinas Valley Health Clinics, Taylor Farms Family Health & Wellness Center, Doctors on Duty, CSUMB Campus Health Center, Central Coast Nephrology, and Santa Lucia Medical Group.

Once received, please allow 1-2 business days for processing. If your request is approved, you will be notified via email of your newly granted proxy access. If you have any questions regarding the status of your submitted form, please contact the patient's doctors' office or the MyChart Support Line at 831-771-3885

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**INTERNAL STAFF USE ONLY:**

Date Received: _____	ID Verified? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Staff Member who received form and verified ID: _____	

1. The Proxy Requestor must be present and provide a valid form of photo identification, such as a driver's license.
2. Make a copy of the photo identification card.
3. Scan the copy of the Proxy Requestor photo ID and pages 2 & 3 of the MyChart Proxy application form into the Patient's chart in Epic using the Document type (at the patient level) of "MyChart Proxy Consent."

Route the scanned documents to your clinic's Supervisor InBasket pool for processing.