

## Adult Proxy DPOA/Permanent Legal Guardian Request Form

This Adult Proxy DPOA/Permanent Legal Guardian Request Form (this "Form") is to give an individual (the "Proxy") access information about a patient who lacks decisional capacity under applicable law (the "Patient") through the MyChart patient portal ("MyChart") furnished by Froedtert Health Inc. ("FH") and the Provider Organizations listed below. This Form is to be signed by a person ("Representative") who has been (i) designated as the Patient's health care agent under a durable power of attorney for health care ("Health Care Agent") or (ii) appointed a permanent legal guardian under a court order ("Legal Guardian"). The Proxy receiving access to the Patient's PHI through MyChart may be either the Patient's Representative or another individual that the Representative has authorized to access the Patient's MyChart account.

MyChart is an easy-to-use online tool or mobile app that provides quick and secure access to appointments, medications, and other medical record information of health care services. FH furnishes MyChart for the patients of the following organizations and their respective subsidiaries and other affiliates that use FH's Epic electronic health record system ("Epic EHR System") (collectively, the "Provider Organizations", and together with FH, "we", "us" or "our"):

- Froedtert Memorial Lutheran Hospital, Inc., Community Memorial Hospital of Menomonee Falls, Inc. d/b/a Froedtert Menomonee Falls Hospital, St. Joseph's Community Hospital of West Bend, Inc. d/b/a Froedtert West Bend Hospital, Froedtert Health Neighborhood Hospital LLC d/b/a Froedtert Community Hospitals, Holy Family Memorial, Inc., Froedtert & The Medical College of Wisconsin Community Physicians, Inc., West Bend Surgery Center, Froedtert Surgery Center, LLC, Drexel Town Square Surgery Center, LLC, Menomonee Falls Surgery Center, LLP, Inception Health, LLC, Wisconsin Diagnostic Laboratories, LLC and certain other affiliates of FH (collectively, "FH Affiliates");
- The Medical College of Wisconsin, Inc. ("MCW"); and
- Certain other organizations that contract with FH for the right to use FH's Epic EHR System in their healthcare facilities, physician offices and other locations.

For more information about FH and the Provider Organizations, please visit <https://help.froedtert.care/articles/terms-use>.

The information available through MyChart is protected health information ("PHI") under HIPAA. The FH Affiliates and MCW use and disclose the Patient's PHI in accordance with the Joint Notice of Privacy Practices available at <https://www.froedtert.com/patients-visitors/patient-privacy/privacy-practices> or by request. The Representative or the Proxy may request the other Provider Organizations' Notices of Privacy Practices from the Provider Organizations.

A Representative may designate himself/herself or another individual as the Proxy to access and use the Patient's MyChart account on the Patient's behalf by completing the Patient and Proxy identifying information below. The Proxy will be able to view PHI and other information available through the Patient's MyChart account, and will be able to take any action through the Patient's MyChart that the Patient would take.

**Patient Information:** *[Since the Patient cannot make (and understand) his/her healthcare decisions, the Patient will not have his/her own MyChart account. The Patient should NOT complete this Form.]*

<b>Patient's Name</b>		<b>DOB</b>	
<b>Address</b>			
<b>Phone Number</b>		<b>Last 4 of SSN</b>	

**Proxy Information:** *[A Proxy that does not already have a MyChart account must fill out his/her own MyChart Account Request Form. The Proxy can only see the Patient's MyChart records by logging into the Proxy's own MyChart account.]*

<b>Email Address</b>			
<b>Proxy's Name</b>	<b>Proxy's DOB</b>	<b>Phone</b>	
<b>Street</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	



MyChart = 100210

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- **Right to Revoke Authorization:** You understand that you have a right to revoke this Authorization Form at any time. You may revoke this Authorization Form and the Proxy's access to the Patient's MyChart account by (1) going into your MyChart account, accessing the account settings menu, clicking the radio button next to the Proxy's name and clicking Revoke Access or (2) revoking this Authorization Form in writing and mailing or faxing a request to the address below or completing the inactivation form on Froedtert.com.  
**Mail to:** Froedtert & Medical College of Wisconsin, HIM ROI MyChart, Second Floor, 9200 W Wisconsin Avenue, Milwaukee, WI 53226.  
**Fax to:** 414-259-1244 or  
**Email:** healthinformation@froedtert.com. Any revocation will not apply to information that has already been released;
- **Right to Receive Copy of Authorization:** The Representative will receive a copy of this Authorization Form, if signed. The Representative also has the right to inspect or copy the health information disclosed under this Authorization Form. The Representative may arrange to inspect the health information or obtain copies of the Patient's information by contacting the Health Information Management department at (262) 836-2510;
- **Redisclosure Notice:** If the Proxy or anyone receiving PHI from the Proxy is not a health plan, health care provider or health care clearinghouse subject to HIPAA and other privacy laws, they may further disclose the PHI and it may no longer be protected by such privacy laws; and
- **Right to Refuse to Sign this Authorization:** The Representative may refuse to sign this Authorization Form. The Representative's refusal to sign this Authorization Form will not affect the Patient's ability to obtain treatment from the Provider Organizations. If the Representative refuses to sign this Authorization Form, the Proxy's access to the Patient's MyChart account will not be granted.

\_\_\_\_\_  
Representative Signature (Required)

\_\_\_\_\_  
Date/Time (Required)

**Fax completed form to fax#: 414-259-1244**

**or**

**Email: healthinformation@froedtert.com**

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