Froedtert & Medical College of Wisconsin

**Froedtert Hospital** · 9200 West Wisconsin Ave., Milwaukee, WI 53226-3596
**Community Memorial Hospital of Menomonee Falls, Inc. d/b/a Froedtert Menomonee Falls Hospital**
W180 N8085 Town Hall Rd., Menomonee Falls, WI 53051
**St. Joseph's Community Hospital of West Bend, Inc. d/b/a Froedtert West Bend Hospital**
3200 Pleasant Valley Rd., West Bend, WI 53095
**Holy Family Memorial, Inc.** · 2300 Western Ave., PO Box 1450, Manitowoc, WI 54221-1450

**Froedtert Health Neighborhood Hospital, LLC d/b/a Froedtert Community Hospital**
4805 S. Moorland Rd., New Berlin, WI 53150
**Froedtert & the Medical College of Wisconsin Community Physicians**
110 Lone Oak Ln., Hartford, WI 53027
**Medical College of Wisconsin** · 10000 Innovation Dr., Ste 300, Milwaukee, WI 53226

# FROEDTERT & THE MEDICAL COLLEGE OF WI

# PATIENT AUTHORIZATION FOR PROXY ACCESS TO PATIENT'S INFORMATION THROUGH MYCHART®
# PROXY ACCESS FORM – CHILD/ADOLESCENT PATIENTS

| | | | |
|---|---|---|---|
| **Patient Name:** | | **Date of Birth:** | |
| **Patient Address:** | | | |
| **City/State/Zip** | | **Last 4 Digits of SSN:** | |

Froedtert ThedaCare Health, Inc. ("Froedtert") maintains an electronic health record system (the "EHR") for itself and for its affiliates (collectively, "Affiliate Organizations"), and for certain other entities that have agreements with Froedtert for EHR services (collectively, "Additional Organizations" and together with Froedtert and the Affiliate Organizations, collectively, "FH"). The EHR includes an online patient portal ("MyChart") that is managed by FH.

Complete this form if you are the parent/legal guardian of a minor 0-11 or are between 12-17 years and would like your own MyChart access and/or wish to authorize access to your MyChart account and to view your health information.

**What Is Proxy Access?**

Family, friends and caregivers can be granted access to your MyChart account via "proxy access". If someone has proxy access to your account, that person can see your healthcare information and other information relating to you, as well as their own information, from within the same MyChart account.

A proxy must have an active MyChart account with Froedtert even if they are not a patient. If your proxy does not have a Froedtert account, please have them create one by visiting: *my.froedtert.com* and select Create New Account .

**By signing below, I acknowledge that:**

- This authorization is at my request. I am voluntarily granting proxy access to my MyChart account to the adult proxy listed below.
- This authorization will remain in effect until I revoke it in writing or until deactivation as described below. I understand that I have the right to revoke this authorization at any time through my MyChart application however, I understand that the revocation will not apply to information that has already been viewed by my proxy.
- I must choose the type of access that I am granting to my proxy - either Full Proxy Access or Limited Proxy Access. I am granting the proxy listed below (check only one box):

☐ **Full Access** to my MyChart information. With Full Access, my proxy will be able to see the same information that I am able to see in my MyChart. This includes, but is not limited to, protected health information relating to my treatment, visits, test results, appointments, medications and refills and communications between healthcare teams and myself. In accordance with applicable federal and state laws governing adolescent confidentiality, proxy access does not guarantee access to all information contained in the patient's medical record. Certain health information may be withheld from proxy view to protect the adolescent's privacy and legal rights regarding confidential healthcare services. My proxy will also have access to information related to billing and payment, including, but not limited to, demographic information, charges, fees, benefits, payment history, bills and protected health information related to billing and payment.

☐ **Limited Access** to my MyChart information. With Limited Access, my proxy will be able to see my information related to billing and payment, including, but not limited to, demographic information, charges, fees, benefits, payment history, bills and protected health information related to billing and payment. I understand that Limited Access will still allow my proxy to have access to some of my protected health information, including my diagnosis information.

MyChart = 100210

- I understand that it is my responsibility to maintain my MyChart login and password in a secure manner and I agree to change it if it has been or might be compromised in any way. I understand that my proxy is required to use their own MyChart account and their own login and password when accessing my information. I understand that sharing my login and password with anyone, including my proxy, is not permitted, and I agree that I will not share my MyChart login or password with my proxy.
- I understand that all access to my information through MyChart, by me and by my proxy, is maintained in an electronic audit trail. The audit trail logs every login, view, download and action taken by me or my proxy. Audit trail information may be monitored or reviewed for appropriate use of the system or to detect unauthorized access. I understand and agree that Froedtert has the right to deactivate my proxy's access or my access to MyChart for any reason, including, for actions that Froedtert determines, in its sole discretion, are unauthorized or inappropriate. Unless access is earlier revoked (as described above), my access and the proxy's access to MyChart will be deactivated 60 days after my death.
- I understand that the information disclosed to my proxy includes information that is protected under the Health Insurance Portability and Accountability Act of 1996 and its associated regulations ("HIPAA"). I acknowledge and agree that this authorization is voluntary and the disclosure of my information to the proxy listed below is at my request.
- I understand that my healthcare treatment, payment, enrollment, or eligibility for benefits will not be conditioned upon my signing this authorization.
- I understand that information disclosed under this authorization may be subject to redisclosure by my proxy and may no longer be protected by federal privacy regulations.
- I understand that I am entitled to receive a copy of this authorization after I sign it.

By signing below, I acknowledge and agree that (i) I have read and understand this authorization form; (ii) I authorize the disclosure of my protected health information to my proxy listed below; (iii) I am certifying that I am the patient named in this authorization; and (iv) the information I have provided is correct.

| Adolescent Signature | Date | Time |
|---|---|---|

**If the child is between the ages of 12- 17, they must sign the line above for proxy to be approved.**

☐ **Adolescent activation: Check this box if you, the adolescent, would like to have personal access to your MyChart account. (Not required to establish proxy)**

| Parent or Permanent Legal Guardian Signature | Date | Time |
|---|---|---|

Proxy Name (Printed): _____ Proxy Date of Birth: _____

Proxy Relationship: _____ (*Spouse, Parent, Guardian, Family Member, etc.*)

Proxy Email: _____ Proxy Phone: _____

**Email completed form to: healthinformation@froedtert.com or fax to 414-259-1244.**

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