

FROEDTERT & THE MEDICAL COLLEGE OF WI

PATIENT AUTHORIZATION FOR PROXY ACCESS TO PATIENT'S INFORMATION THROUGH MYCHART® ADULT and DURABLE POWER OF ATTORNEY FOR HEALTH CARE AGENT (DPOA)/LEGAL GUARDIAN OF PATIENT

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 18 or older or are the person (Representative) who has been designated as the patient's health care agent under a durable power of attorney for health care (DPOA) or were appointed a permanent legal representative under a court order (Legal Guardian) and wish to authorize yourself or another adult access to your or the patient's MyChart account and viewing health information.

What Is Proxy Access?

Family, friends and caregivers can be granted access to the MyChart account via "proxy access". If someone has proxy access to the 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/ the patient's 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/the patient's 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, my protected health information relating to my treatment, visits, test results, appointments, medications and refills and communications between healthcare teams and myself. It may include information relating to the diagnosis and/or treatment of mental illness, behavioral health, sexually transmitted infections (including HIV or AIDS test results), reproductive and sexual health services, developmental disabilities and genetic testing results. 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.

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MyChart = 100210

