



DTF1429

PATIENT INFORMATION

Name: _____

MR#: _____ Finance: _____

DOB: _____

Other Designated Caregiver and Adult Application for MyChart Proxy Access

Completion of this application is not a guarantee that MyChart access will be provided. Foster parents applying for access: please note that this request will be sent to a San Diego County Social Worker for their review and approval. For other requestors requesting access to a minor child's MyChart account, a Caregiver's Authorization Affidavit must be on file for this patient in order for you to be considered.

The individual completing this form is requesting access ("Proxy Access") to portions of the above named patient's records via Rady Children's Hospital-San Diego MyChart.

Please complete this form and present in person to your treating provider's office or to:

Rady Children's Hospital-San Diego
Health Information Management Department
5855 Copley Drive, Suite 101
San Diego, CA 92111

Name of applicant (First Middle Last): _____

Applicant's address: _____

To receive an activation code via email, please provide a valid email address: _____

Applicant's phone number: _____ Applicant's date of birth: _____

Applicant's Relationship to Patient:

- Primary Caregiver with signed Caregiver's Authorization Affidavit
- Access to an adult patient's MyChart record (relationship: _____ (parent, spouse, etc.))
- Foster Parent
- Other (please explain): _____

For proxy access to a minor child's information, please provide additional detail regarding your relationship with the patient (e.g., how long have you been involved in the care of the child, additional factors that RCHSD should consider, including whether the child has a complex medical condition), etc.

Proxy requests for these relationships require additional documentation and review. We will contact you within thirty (30) business days of receiving this form and we may ask you for additional documentation, if necessary.

Date: _____ Signature of Proxy Applicant: _____

Note: To ensure that proxy access is still appropriate, proxy access will be reviewed and possibly deactivated after twelve months. If continued access is desired, Caregivers may be required to reapply for access.

Proxy Access to An Adult's MyChart Record.

By signing below, the adult patient authorizes release of their medical information in MyChart and acknowledges that they have read and understand this MyChart adult proxy form and the attached Adult Proxy Authorization for Release of Medical Information Through MyChart form. Adult patient agrees to these terms and chooses to designate the person named below as their MyChart proxy, thereby allowing them access to the MyChart health record.

Date: _____ Signature of Adult Patient (Over 18): _____

If approved, you will receive a RCHSD MyChart activation code along with instructions on how to sign on to the RCHSD MyChart site.

For RCHSD Internal Use Only:

Site Leader

- Site leader name and contact phone number: _____
- Site leader notes to assist with review process: _____

- Site leader signature to confirm review and approval of this request: _____

HIM

- Application approved. MyChart Proxy Access assigned on _____
- Application denied (summarize reason for denial): _____

Adult Proxy Authorization for Release of Medical Information Through MyChart
(provided when an adult patient is requesting proxy access for another adult)

This form is an authorization that will permit your healthcare providers to release your health information to your designated adult proxy. Please read it carefully.

This form should be completed by the patient who is authorizing another adult to access health information in his or her MyChart record. It must accompany the Other Designated Caregiver Application for MyChart Proxy Access, which provides the name and information of the individual who the patient is authorizing to access their MyChart record as a proxy.

I am requesting that the individual named below (*insert name of proxy*) receive access to my health information that is available in MyChart. This person is my designated MyChart proxy. I authorize MyChart to release the health information contained in my MyChart record to my MyChart proxy. I understand that the medical information in MyChart is obtained from my electronic health record and may include information from all facilities listed in the Rady Children's Joint Notice of Privacy Practices. I authorize release of any information contained in my MyChart to my designated proxy. I authorize release of this information only through my MyChart record. **This form does not authorize release of my health record to my designated proxy by other methods or in other forms.** I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by the same privacy protections. 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 MyChart does not condition any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, MyChart is not permitted to provide my designated proxy access to my MyChart record. I may cancel this authorization at any time online in MyChart or by providing a written request for cancellation to my primary clinic or present the form to the Health Information Department for processing. I understand that if I cancel this authorization, my designated proxy's access to my MyChart record will be ended. I also understand my cancellation will not affect any disclosures that were made prior to processing the revocation before my cancellation request is processed.

Name of Individual Designated As Adult Proxy

Signature of Patient (Over 18 years of age)

Date

Printed Name