Giving Other Access to Your Medical Records

- A proxy is a person who can access your information as if they were you.
- A spouse, adult child, or a caregiver may be granted full access to your medical records with proxy access.
- In order for an adult proxy (18 or over) to view information in MyChart please complete the form below.
- Authorization for proxy access to an adult patient's account is valid until revoked by the patient.
- For children aged 0 to 11, parents have full MyChart access; for children aged 12 to 17, parents will be given limited access to their child's record. Children 12 years and older can give their parents full access to their MyChart account via an adult-to-adult access proxy. Parental access will terminate when a child reaches age 18 or becomes an emancipated minor.

1. Patient Information: (Patient to which proxy access is required)

Patient Name_____

Address _____

Previous Names _____ Social Security _____ Birth date _____

Home Phone _____ Work Phone _____ Email _____

Primary Physician_____ Primary Practice _____

2. Proxy Information: (Person wishing to access patient information by proxy)*

Patient Name_____

Address _____

Previous Names _____ Social Security _____ Birth date _____

Home Phone _____ Work Phone _____ Email _____

Do you have an active MyChart account? _____ Have you been a patient at a KDMC Healthcare facility? _____

Relationship to patient:

_____ Custodial Parent   _____ Legal Guardian**   ____Spouse

_____ Caregiver for Senior Patient   _____ Durable Power of Attorney for Healthcare (DPOA)**

_____ Other (specify) _____

* Proper ID must be validated with this application.

** This request must be accompanied by a copy of legal paperwork verifying the patient's personal representative.

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I Authorize KDMC to release medical information via MyChart to: The Designated Proxy named above

The following information is to be released: Any and all information as allowed through MyChart.

- I understand that I have a right to revoke this authorization at any time through MyChart Family Access Settings.
- I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the KDMC Privacy Officer at (606) 408-4488
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid, and activation of the MyChart Proxy access feature must occur within thirty days from the date of this authorization.

_____

Signature of Patient/Authorized Person   Authorized Person's Authority to Sign   Date
                                                                                (parent, guardian, power of attorney, etc.)

Reason Patient is unable to sign: _____ Minor   Other: _____

_____

Signature of Proxy   Date