

MyChart Proxy Access

As a patient, you can give family members or other caregivers who are also patients, proxy access to your MyChart account.

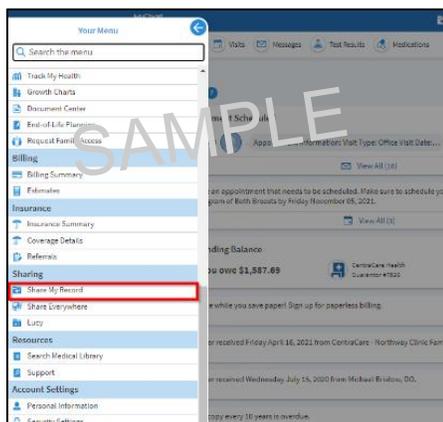
Here is an example of how it works:

Alfred is an elderly patient who recently moved in with his daughter, Ellie, who is helping him manage his healthcare. To make it easier for Ellie to help him schedule his appointments and review his medical information, Alfred wants to invite Ellie to have proxy access to his account.

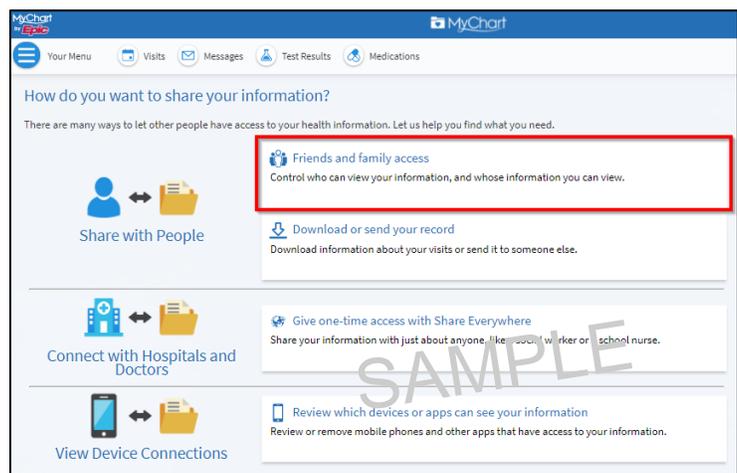
1. On the MyChart website, Alfred goes to **Share My Record > Friends and family access**. (Optionally, find the same feature by going to Messaging > Request Family Access > Share My Records.)
2. On the Friends and Family Access page, he clicks **Invite Someone** under the Who Can See My Record? section. He enters Ellie's name and email address, confirms her level of access, and clicks Send Invite. Ellie's proxy invite then appears as Pending at the top of the page.
3. Ellie receives an email to notify her that Alfred has invited her to have access to his account. From this email, Ellie clicks a link that takes her to a page where she enters Alfred's date of birth to confirm that she knows him and then accepts Alfred's proxy invitation. If Ellie did not already have her own MyChart account, she could click the Sign up now link in the proxy invite email to create one.
4. After Ellie accepts the invitation:
 - Alfred receives a tickler message letting him know that Ellie now has access to his account. In Alfred's account, the Pending label is removed from Ellie's card on the Friends and Family Access page. Alfred can return to this page at any time to edit or revoke Ellie's access.
 - In Ellie's account, Alfred appears under the Whose Records Can I See? section on the Friends and Family Access page. Ellie can switch to Alfred's account to view his information in proxy context.

Granting Proxy Access

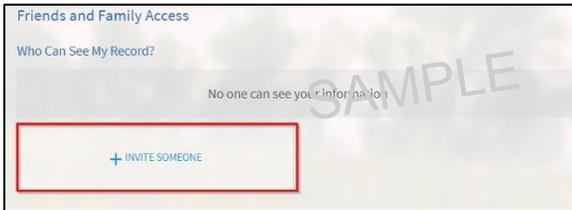
1. Log in to your MyChart account.
2. From the **Menu**, search for or scroll to locate and select the option to **Share My Record**.



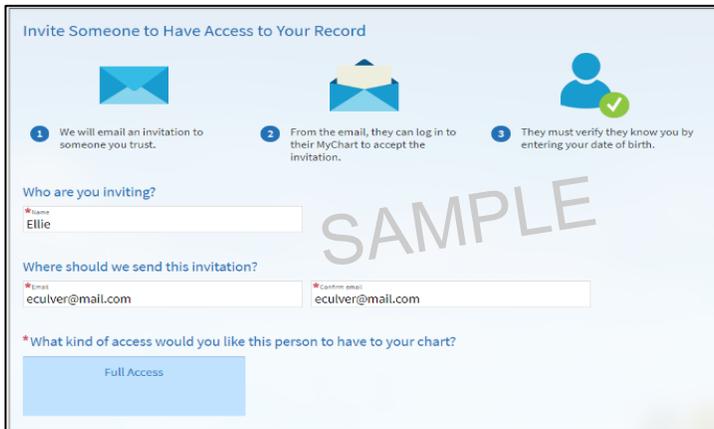
3. Select the **Family and Friends access** option.



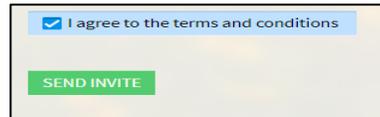
4. Click the option **Invite Someone** button.



5. Complete the **Invite Someone to Have Access to Your Record** screen.



6. After reading the disclaimer, check the **I agree** box and click **SEND INVITE**.



7. The proxy invitee will receive a message. *NOTE: If the proxy invitee does not have a MyChart account, they will be provided a Sign-Up link in the invitation email.*

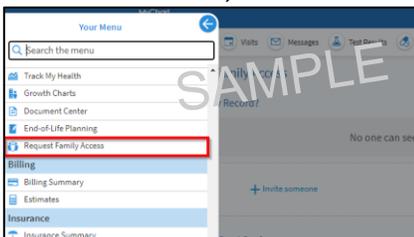
Reviewing and Updating Proxy Access

1. Log in to your MyChart account.
2. From the Menu, search for or scroll to locate and select the option to **Share My Record**.
3. Select **Friends and Family Access** and here you will see all pending and established proxy access accounts. *Optionally*, use the **REVOKE** button to remove proxy access permission(s).

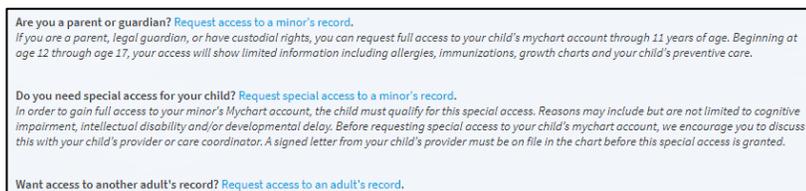


Requesting Proxy Access to Family Member's Account

1. Log in to your MyChart account.
2. From the **Menu**, search for or scroll to locate and select the option to **Request Family Access**.



3. Next, choose the appropriate request type.



4. A two-page MyChart Authorization form will display. **Print this form and fill in the required information. Mail the completed form to the address listed at the top of the form.**
5. The CentraCare Health Information Department will review and process the proxy access request.



Adult Proxy Authorization for Release of Medical Information

This form is an authorization that will permit CentraCare Health and Affiliates to release your medical 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 medical information in his or her MyChart record.

Return completed form to:
 CentraCare Clinic - River Campus
 Medical Information Department
 1200 Sixth Avenue North
 St. Cloud, MN 56301
 Or fax to (320) 325-5695.

Patient Who is Granting Access to Another Adult

Name (last, first, middle initial): _____

Last 4 digits of SSN: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone: _____

Individual That Will be Receiving This Access

Name (last, first, middle initial): _____

Last 4 digits of SSN: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone Number: _____

Primary Provider: _____ Relationship to Patient: _____

I am requesting that the individual listed above receive access to my health information that is available in my CentraCare Health and Affiliates MyChart record. This person is my designated MyChart proxy. I authorize CentraCare and Affiliates 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 medical record and may include information from all CentraCare and Affiliate facilities. I authorize release of any information contained in my MyChart medical record held by CentraCare and Affiliates to my designated proxy.

Page 1 of 2

I authorize release of this information only through my MyChart record. This form does not authorize release of my medical 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 federal 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 CentraCare and Affiliates does not base 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, CentraCare and Affiliates is not permitted to provide access to my MyChart record to my designated proxy.

I may revoke this authorization at any time by providing a written request for revocation to CentraCare Clinic - River Campus, Medical Information Department. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be terminated. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

Date: _____

Signature of Patient (or authorized person): _____

Printed Name: _____

If person other than the patient signs, indicate authority to sign for patient (e.g., guardian) and attach documentation:

Page 2 of 2

NOTE: MyChart patients between 12-17 years of age are not allowed to invite other adults to have adult proxy access. Patients that are between the age of 12-17 will only be able to view who currently has proxy teen access to their account and revoke that access when needed.

