

# Adult Proxy Access Request Form

# MyChart

by Hawai'i Pacific Health

**PLEASE PRINT THE ADULT PATIENT'S INFORMATION IN THIS BOX (patient label ok)**

Patient's Name (last, first, middle initial): \_\_\_\_\_ Legal Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Record Number (MRN): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Month Day Year

I understand that Hawai'i Pacific Health and its affiliate health care providers (collectively, "HPH") share an integrated electronic medical record. I also understand the general policy of HPH is not to disclose my Protected Health Information (PHI) to others without my permission unless they are directly involved in my care, or as permitted or required by law. Therefore, I am requesting proxy access to my health information via MyChart by Hawai'i Pacific Health ("MyChart") be granted to the person(s) named below. I understand this does not allow those identified to make health care decisions for me.

**Please note:** To set you up as a proxy, you must have your own MyChart account. Completing this form will allow us to create a MyChart account for you if you do not already have one.

**Submit completed forms to your provider's office.** Please contact your provider's office if you need assistance with completing this form.

**PERSON(S) REQUESTING / OR BEING GRANTED PROXY ACCESS** (all fields are required - please print clearly)

Name (last, first, middle initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Email address: \_\_\_\_\_

Name (last, first, middle initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Email address: \_\_\_\_\_

\*Attach a separate form for additional names.

**MYCHART BY HAWAII PACIFIC HEALTH ACCOUNT TERMS AND AGREEMENT.** I understand that:

- MyChart is intended as a secure online source of confidential health information.
- MyChart contains select, limited health information from my medical record and it is not the complete contents of the medical record. A copy of the patient's medical record may be requested by contacting the Health Information Management Department.
- If my proxy shares his/her username and password with another person, that person may be able to view my health information.
- Proxy activities within MyChart are tracked electronically and entries may become part of the medical record.
- MyChart proxy(ies) will be able to view everything I can see, including but not limited to: my problem list, medication list, medical history, messages between me and my doctors, past and future appointments, and test results.
- MyChart proxy access is provided as a convenience to patients. HPH has the right to end proxy access at any time, for any reason.
- Use of MyChart proxy access is voluntary and I am not required to use proxy access.
- My request for MyChart proxy access for the above person(s) includes permitting them to discuss my care with my physician(s), to view, update and/or make changes to the following information in MyChart:
  - o Financial information such as billing, payment, my insurance information;
  - o Appointments;
  - o Request prescription refills;
  - o Send messages to my providers on my behalf; and
  - o Make changes to demographic information such as address, phone, e-mail, etc.
- MyChart proxy access I grant to another adult will not automatically expire. However, I may cancel my proxy's access at any time by going into MyChart and selecting "revoke access" or by notifying HPH.
- I am responsible for updating MyChart account access information as needed.

**Approval Signature of Patient or Legal Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If signed by someone other than the patient or legal guardian, please describe your legal authority to act on behalf of the Patient: