



Adult Proxy Access Request Form

GHC's MyChart is a secure, online tool that connects you to portions of your GHC electronic health record. To request access to MyChart, please read this form carefully and complete the appropriate fields below.

At age 16 or older, you can give permission to another person to access your MyChart medical record. This is called a "proxy" and this access can be provided by completing the form below.

Patient Information: *(all sections required - please print clearly)*

Name *(last, first, middle initial)*: _____

DOB: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

Proxy Designation: *(For those requesting access to a patient's MyChart record)*

This section authorizes the Group Health Centre to release your personal health information to another individual such as a second guardian (proxy). **Please read it carefully.** This section should be completed by the patient or substitute decision maker who is authorizing another person to access personal information in his or her MyChart record.

I am requesting that _____ *(insert first and last name of proxy)* receive access to my health information available in GHC's MyChart portal.

Relationship to patient: _____ DOB: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

This person is my designated MyChart proxy.

- I authorize GHC to release the health information contained in the MyChart record to this MyChart proxy.
- I authorize release of this information only through the MyChart Record. This form does not authorize release of 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 or may not be covered by 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 my health care treatment or other services will not be conditional on whether I provide this authorization. However, I also understand that if I do not provide authorization, GHC is not permitted to provide access to MyChart record to my designated proxy.

I may revoke this authorization at any time by providing a verbal or written request for revocation to GHC Medical Records or my physician/primary care provider's office, or completing the MyChart Deactivation Form. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

PLEASE SIGN BELOW:

FOR INTERNAL USE:

HIM APPROVED

Signature of Patient (or authorized person) _____
Date

Signature of Physician/Primary Care Provider

Signature of Parent/Guardian or Proxy _____
Date

Date