

yChart Family Care & Proxy Access

MANAGE CARE FOR YOUR FAMILY OR AS A CAREGIVER FOR A LOVED ONE



WHAT IS PROXY ACCESS?

Proxy access allows a parent, legal guardian, family member or someone who helps care for you to log in to their personal MyChart account and connect to information regarding their family member. This communication is restricted to non-urgent matters. Proxy access is granted once an authorization form has been completed and processed by our Essentia Health Health Information Services Department. Proxy access can be terminated by the patient at anytime.

CAN I VIEW A FAMILY MEMBER'S HEALTH RECORD IN MYCHART?

Yes. The quickest way to set this is up is to have the person who wants to share their record log in to their MyChart account, select Sharing Hub from the main Menu and follow the prompts to send an invitation. Another option would be to complete a Proxy Consent Form and return it to the Health Information Services Department at Essentia Health. Visit the link to the form below that best fits your situation. If you want the ability to e-sign your MyChart Proxy form, please email MyChartSignUp@EssentiaHealth.org for more info.

- **Children ages 0-11:** Click [HERE](#) or use page 2 *Minor form*
- **Children ages 12-17:** Click [HERE](#) or use page 2 *Minor form*
 - If you want full access to your teen child's account, please have your child sign the form. Your access will be limited without your child's signature. Full access to your child's account will expire in one year. You will need to submit another authorization form at that time.
- **Adults ages 18 and over:** Click [HERE](#) or use page 2 *Adult form*
 - Please have the person you are requesting access for sign the form. You will not receive access without this signature. Proxy access will expire in one year. You will need to submit another authorization form at this time.

CAN I HAVE PROXY ACCESS TO AN ESSENTIA PATIENT IF I AM NOT AN ESSENTIA PATIENT?

Yes, but you will need to complete and submit our online form to create your MyChart account AND one of the three proxy access forms mentioned above.

To create your MyChart account in order to obtain proxy access, visit EssentiaMyChart.org and select SIGN UP to create your MyChart account.

CAN I REVOKE PROXY ACCESS?

Yes. The quickest way to revoke proxy access is to log into your MyChart Account, select Sharing Hub for the main Menu, select the "Give friends and family access" button near the bottom and follow the prompts to revoke access. Another option would be to notify the Health Information Services Department in writing that you want proxy access revoked. The change will be no later than the next business day and will not apply to information that has already been released before the effective date.

MAIL OR EMAIL COMPLETED FORMS TO:

Essentia Health | West Annex-HIS-45
400 East Third Street | Duluth, MN 55805

Phone: 877-231-1985 (option 2) | Fax: 218-786-6658
MyChartSignUp@EssentiaHealth.org



Essentia Health

Minor Proxy MyChart Access - Minor Patient Proxy Authorization

A proxy authorization means that you give another person full access to your MyChart medical record through an online MyChart account. They can email your doctor's office, refill your prescriptions, and schedule your appointments through MyChart. It is as if they were you. This might be a parent or guardian who helps you take care of your health. You must complete the whole form.

Please print clearly.

Patient Information:

For Office use only

Medical Record # _____

Patient Name: *last, _____ *first, _____ *middle initial, _____

*Date of Birth: _____ Age: _____

*Street Address: _____ *City: _____ *State: _____ *Zip: _____

Phone Number: _____

Proxy Information - You must complete a separate form for each proxy request.

Proxy Name: *last, _____ *first, _____ *middle initial, _____

*Date of Birth: _____ *SSN Last Four Digits: _____ *Phone: _____

*Street Address: _____ *City: _____ *State: _____ *Zip: _____

*Legal Relationship to the Patient: _____ *Email address: _____

Essentia Health can release health information for the patient to the proxy listed above through an online MyChart account. The proxy listed above can email the patient's doctor's office, refill the patient's prescriptions, schedule appointments, and view medical records including documents from Non-Essentia Health Providers for the patient through MyChart.

It is understood that:

- For minors 0 to 11 years old, the proxy will have full access to the minor's MyChart medical record including documents from Non-Essentia Health providers until their 12th birthday.
- For minors 12 to 17 years old, if the minor does not sign this form, the proxy will only see a part of their MyChart medical record.
- For minors 12 to 17 years old who sign this form, the proxy will have full access to their MyChart medical record including documents from Non-Essentia Health providers for one year. The proxy will need to fill out a new authorization form each year to renew access.
- Minors 12 to 17 years old can change their mind about proxy access to MyChart at any time by letting Essentia Health know in writing. When Essentia Health gets the note, the change will be made no later than the next business day. The change will not apply to information that has already been released before the effective date.
- Minor Patient Proxy Authorization ends when a patient turns 18 years old.
- Essentia Health cannot be responsible for the privacy of information given to the proxy. Essentia Health cannot prevent the proxy from giving information to another person. At that time, the information is no longer protected by federal and state privacy rules.
- If I do not sign this form, Essentia Health will still provide treatment to the patient. This form will not affect payment, enrollment, and eligibility for benefits.
- You must complete, sign, and date this form for it to be valid. A photocopy, fax or electronically scanned and transmitted image is the same as the original.
- You can have a signed copy of this form, at your request.
- For the proxy to gain access to your MyChart account, the proxy must activate the account with the code they will be given. The proxy must confirm that they have read and agree to the Essentia Health MyChart Terms and Conditions. These Terms and Conditions apply to each use.
- I designate my MyChart account as my preferred method of communication to receive reminders about preventative and follow-up care (excludes scheduled appointment reminders).
- I understand additional medical records may be requested through the Essentia Health Release of Information office.
- We attest that we are the individuals identified on this document and we agree to the information outlined above.

Signature of Minor between the age of 12-17 granting the Proxy full access to MyChart

Today's Date

*Required information

Mail, email or fax completed forms to the following address:

Essentia Health

Health Information Services, West Annex - HIS - 45

400 East Third Street Duluth MN 55805

Phone: 877-231-1985 (option 2) Fax: 218-786-6658

E-mail: MyChartSignUp@EssentiaHealth.org



MyChart Access - Adult Patient Proxy Authorization

A proxy authorization means that you give another person full access to your MyChart medical record through an online MyChart account. They can email your doctor's office, refill your prescriptions, schedule appointments and do e-visits through MyChart. It is as if they were you. This might be a parent, spouse or adult child who helps you take care of your health. You must complete the whole form.

For Office use only

Medical Record # _____

Please print clearly.

Patient Information:

Patient Name: **last,* _____ **first,* _____ **middle initial,* _____

**Date of Birth:* _____ *Age:* _____

**Street Address:* _____ **City:* _____ **State:* _____ **Zip:* _____

Phone Number: _____

Proxy Information: You must complete a separate form for each proxy request.

Proxy Name: **last,* _____ **first,* _____ **middle initial,* _____

**Date of Birth:* _____ **SSN Last Four Digits:* _____ **Phone:* _____

**Street Address:* _____ **City:* _____ **State:* _____ **Zip:* _____

**Relationship to the Patient:* _____ **Email address:* _____

Essentia Health can release health information for the patient to the proxy listed above through an online MyChart account. The proxy listed above can email the patient's doctor's office, refill the patient's prescriptions, schedule appointments, and view medical records including documents from Non-Essentia Health Providers for the patient through MyChart.

I understand that:

- The person who will be my proxy will have full access to my MyChart medical record including documents from Non-Essentia Health providers, can email my doctor's office, refill my prescription, schedule my appointments, and initiate e-visits through an online MyChart account. This authorization is good for one year. I will need to sign a new form each year to renew access.
- I can change my mind about proxy access to MyChart at any time. I will need to let Essentia Health know in writing. When Essentia Health gets the note, the change will be made no later than the next business day. The change will not apply to information that has already been released before the effective date.
- Essentia Health cannot be responsible for the privacy of information given to the proxy. Essentia Health cannot prevent the proxy from giving information to another person. At that time, the information is no longer protected by federal and state privacy rules.
- If I do not sign this form, Essentia Health will still provide medical treatment to me. This form will not affect payment, enrollment, and eligibility for benefits.
- I must complete, sign, and date this form for it to be valid. A photocopy, fax or electronically scanned and transmitted image is the same as the original.
- I can have a signed copy of this form, at my request.
- To see my medical records in MyChart, the proxy must use the code Essentia Health gives them to set-up the account. The proxy must accept the terms and conditions. The terms and conditions apply to each use.
- I choose MyChart as my preferred way for Essentia Health to provide reminders about preventative and follow-up care to me. This does not include scheduled appointment reminders.
- We attest that we are the individuals identified on this document and we agree to the information outlined above.

Signature of Patient

_____/_____/_____
Today's Date

Signature of Proxy

_____/_____/_____
Today's Date

**Required information*

Mail, email or fax completed forms to the following address:

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