

Authorization for Proxy Access to KH Patient's KH MyChart Account

Requirements and Procedures

This form may be used to authorize proxy access to another person's KH MyChart account for the following purposes:

1. Access by Power of Attorney of a patient.
2. Access by parent or legal guardian of a minor child patient under the age of 14 years old.
3. Access by a parent or legal guardian of a minor child patient age 14-17, with the written consent of the minor child patient; or
4. Access by caregiver or family member assisting with care of a patient.

The general requirements for proxy access to a KH MyChart account record are:

- Each individual requesting access to a KH patient's KH MyChart account record must have their own KH MyChart account or KH clinic staff will set up account to allow access to the other person's KH MyChart account record.
- If the individual requesting access does not have a KH MyChart account, the KH clinic staff will provide a KH MyChart Activation Letter with instructions on how to create one.
- This Authorization Form must be completed and signed.
- KH reserves the right to revoke proxy access to a KH MyChart account record at any time.
- The appropriate box must be checked below.

Statement of person requesting proxy access -- I certify that I am (check one box, as applicable):

Power of Attorney

- **Authorization:** Individual requesting access must be the Power of Attorney of the patient and must provide appropriate legal documentation of Power of Attorney to KH.
- **Revocation:** Power of Attorney access to a patient's KH MyChart account record is revoked when the Power of Attorney or other legal documentation is revoked. The individual with access as Power of Attorney agrees that he/she will report the revocation or termination of Power of Attorney immediately to KH. The Power of Attorney agrees that he/she will not seek access to the patient's KH MyChart after revocation or termination of Power of Attorney and that doing so constitutes an illegal invasion of privacy.

Birth Parent or Legal Guardian

- **Authorization:** Must be a birth/adoptive parent or other individual requesting access who has legal guardianship rights for the minor child patient. Individual requesting access as legal guardian must provide appropriate legal documentation of guardianship to KH.
- **Revocation:** Birth Parent or Legal Guardian access to a minor patient's KH MyChart account record is revoked when:
 - Birth parent/legal guardian or child patient submits a request or revokes online.
 - Child patient turns 14 years old (parent/legal guardian must re-request access and child patient age 14-18 must consent to parent/legal guardian access to comply with Ohio law, which allows minors to consent to treatment without parental involvement in limited situations).
 - Automatically when the child patient turns 18 years old (continued access may be requested by resubmitting appropriate form for family/caregiver access).
 - Child patient advises KH of his/her emancipated status.
 - Parent/parent or parent/child access disputes cannot be resolved.

If all parent/legal guardian access to a child patient's KH MyChart account record is revoked, the child patient's KH MyChart access will also be revoked

Family/Caregiver

- **Authorization:** Individual requesting access as family/caregiver must have signed consent from the adult patient.
- **Revocation:** Family member or other caregiver access to a patient's KH MyChart account record is revoked when the patient or physician submits a request or revokes access.

Additional Instructions and Agreement

Communications on behalf of the patient must be sent from, and responses will be received in, the patient's KH MyChart account record. KH MyChart email alerts will be sent to the email address entered in the patient's KH MyChart account record.

When signed into another person's KH MyChart account record, a bar will appear indicating you are accessing the KH MyChart account record of that person. This will serve a visual indication that you are in the proper KH MyChart account record.

I understand that:

- I must have a KH MyChart account or KH staff will establish a KH MyChart account for me.
- I must log in to KH MyChart with my own User ID & Password.
- I must click on 'View Other Records' to access a patient's/my minor child's KH MyChart account record.
- I agree to abide by the terms and conditions on the KH MyChart site.
- **KH MyChart is not to be used in an emergency.**

I have read and understand the requirements and procedures regarding accessing a patient's/minor child patient's KH MyChart account above. All information I have provided is correct. I hereby request proxy access to the following individual's KH MyChart account record.

Please enter Patient's/Child's information below:

Patient/Child Name: _____ KH Medical Record #: _____
Address: _____ Social Security #: _____ - _____ - _____
_____ Date of Birth: _____ Male ___ Female ___

Please enter Your information below:

Your Name: _____ KH Medical Record #: _____
Address: _____ Social Security #: _____ - _____ - _____
_____ Date of Birth: _____
E-mail Address: _____

Relationship to Patient:

- _____ I am the Patient's Power of Attorney
_____ I am the Patient's (circle one): Father / Mother / Legal Guardian
_____ I am the Patient's family/caregiver (describe any family relationship: _____)

Do you have an active KH MyChart account: _____ Yes _____ No _____ Don't Know?

Signature

Date Power of Attorney/Parent/Family-Caregiver Signature

Date Adult Patient Signature – for consent of family/caregiver access

Date Witness Signature

Parental Access to the KH MyChart of a Patient 14 to 17 Years Old

Birth Parent/Legal Guardian:

As a parent, you can request your child to have access to his/her online medical record. I am requesting that my child have access to their online medical record: _____ Yes _____ No

I agree to allow my child, named above, access to his/her medical information through KH MyChart. I understand I may revoke this access at any time. I certify that I am the birth parent/legal guardian of the child identified above.

I have read and understand the requirements and procedures regarding accessing my minor child's KH MyChart account record above. All information I have provided is correct. I hereby request continued proxy access to my minor child's KH MyChart account record.

Date Birth Parent/Legal Guardian Signature

Date Witness Signature

Patient:

As the patient, I understand that:

- I have a KH MyChart account, or an account will be established for me upon my parent/legal guardian's request
- I must log in to KH MyChart with my own User ID & Password
- To protect the privacy of my health information, I will not share my User ID and Password with anyone
- To have KH MyChart access for myself, I must consent to at least one parent/legal guardian having KH MyChart access to my account
- I agree to abide by the terms and conditions on the KH MyChart site
- When I turn 18, parent/legal guardian access will be terminated
- **I recognize that KH MyChart is not to be used in an emergency**

I have read and understand the requirements and procedures for accessing my medical record information through KH MyChart. I agree to allow my birth parent/legal guardian, named above, online access to my medical information currently available and that may become available because of future medical care. I understand I may revoke this access at any time.

Date Patient Signature

Date Witness Signature

Instructions for submission:

- Please return signed consent form to the patient's doctor's office. Staff will grant Proxy Access upon review. You may also email this proxy form to Releaseofinformation@ketteringhealth.org
- You may also mail, or fax signed consent form back to the Release of Information Department for processing.

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