

Authorization for Proxy Access to MyChart Account

Thank you for your interest in MyChart, a secure online portal.

Minor/Diminished Patient: Biological and adoptive parents may be granted access to their child's medical record information through MyChart at Kettering Health. This is called proxy access.

Adult to Adult: If you are a patient of Kettering Health and you are 18 years old or older, you may complete the form to grant MyChart access to another adult. This type of MyChart access is called proxy access.

Step 1: Tell us about you

Are you a (please check one): Parent/Guardian Adult patient

First name	Last name	Middle initial	Date of birth
Address	City	State	Zip code
Cell phone	Email address <i>A valid email address is required to request a MyChart account.</i>		

Step 2: Identity verification

To ensure that your information is protected and secure, a driver's license, passport, or state-issued identity card is needed to verify your identity. (Theme-park passes and basic photo will not be accepted.) Your photo identification (ID) will be used solely to verify identity and will not permanently be stored.

Your MyChart request will not be reviewed or approved until a valid form of photo identification has been received by the Release of Information team or your practice staff.

Name on ID (Type N/A if same as above) _____

Type of access requested: Adult-to-adult proxy access Minor/diminished capacity patient

Adult-to-adult proxy access

Important Requirements

- A valid form of photo identification is required before your request will be reviewed and approved.
A driver's license, passport, and state-issued identity card are all valid forms of photo identification. Theme-park passes and basic photos will not be accepted. Look for the link in the form below.
- If you do not have a photo ID, you may request a MyChart account in-person by visiting any of our Kettering Health locations. An appointment is not necessary.
- Adult-to-adult proxy access does not expire unless access is revoked by the patient or the patient is deceased.

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Step 3: Authorizations by the patient

I **do** want the portions of my medical record (maintained by Kettering Health) that are available in the MyChart Patient Portal to be viewable by the person listed below. I understand that the MyChart Patient Portal may include private and sensitive information. To make changes or to cancel this permission, I must call the Kettering Health Release of Information team or Kettering Health practice.

I want to authorize Kettering Health to grant access to the person below to MyChart Patient Portal to see my health information. I understand that I cannot limit the information available through the MyChart Patient Portal to this person.

Step 4: Grant online portal access to

Proxy's first name	Proxy's last name	Middle initial	Proxy's date of birth
Proxy's address	City	State	Zip code
Proxy's cell phone	Proxy's email address	Relationship to patient	

This authorization will remain in effect and be relied upon from the date of the request unless otherwise indicated below. This authorization may be revoked at any time to the extent that the use and/or disclosure has not already occurred prior to the request for revocation. In order to revoke the authorization, the patient must submit a revocation request in writing to the Release of information team or Kettering Health practice.

Minor/diminished capacity patients

Important Requirements

- The patient must be an established patient at Kettering Health in order to request a MyChart account online.
- The patient must be between the ages of 0 and 17.
- **This form can also be used to request access to patients 18 and over with diminished capacity. Appropriate proof of ongoing legal guardianship is required.**
- Proof of relationship or a valid form of photo identification may be requested before your request is approved.
- Once your request has been approved, we will send you an activation code through secure email using the email address you specify on this form.

Child/patient information

Patient's first name	Patient's middle name	Patient's last name
Gender assigned at birth	Date of birth	Relationship to child

If the patient is 18 years old or older:

Does your child have diminished capacity (e.g., cognitive or developmental delay)? Yes No

Proof of continued legal guardianship is required for MyChart access after the patient turns 18.

Optional: Additional child/patient information

Patient's first name	Patient's middle name	Patient's last name
Gender assigned at birth	Patient's date of birth	Relationship to child

If the patient is 18 years old or older:

Does your child have diminished capacity (e.g., cognitive or developmental delay)? Yes No

Proof of continued legal guardianship is required for MyChart access after the patient turns 18.

Step 5: Read and sign this form

By signing this form, you claim to understand and agree to the terms described in our Kettering Health Terms and Conditions of Use posted on the MyChart website. Violations of these terms may result in loss of access to MyChart. Once you have read this document, please sign this form below.

Signature

Date**Step 6: How to submit form**

Please return the 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 the signed account activation request form to the Release of Information Department for processing at

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