



PROXY REQUEST FOR PATIENT PORTAL ACCESS VIA CONEMAUGH MYCHART

I authorize and request Conemaugh Health System to grant my designated personal representative identified below (Proxy) access to portions of my electronic health record. A proxy is a person who has been given permission to access a patient's medical information available within Conemaugh MyChart and is available to the following persons: anyone an adult patient permits to be a proxy (e.g., spouse), parent of a minor, legal guardian of a minor or adult and the parent/legal guardian of a developmentally disabled minor or adult patient.

Patient Identification:

_____	_____	_____
Patient Last Name	Patient First Name	Patient Middle Name
_____	_____	
Patient Date of Birth (MM/DD/YYYY)	Last 4 digits of Social Security Number (SSN)	

Individual Requesting Proxy Access:

_____	_____
First and Last Name	Relationship to patient
_____	_____
Telephone Number	Date of Birth (MM/DD/YYYY)
_____	_____
Street Address	Social Security Number (SSN)
_____	_____
City, State and Zip Code	Email Address

I Understand That:

- This authorization is voluntary. If I do not sign or I revoke this authorization, Conemaugh will still provide treatment to me and will seek payment for services provided.
- Information in Conemaugh MyChart is not the complete, official medical record, nor should it be relied on in any way for medical decision-making or to suggest a course of treatment for the patient.
- Information to be released in Conemaugh MyChart may include mental health, substance abuse or STD diagnosis, treatment or medications.
- I may revoke this proxy authorization at any time by clicking the "Revoke access" button while logged into my Conemaugh MyChart account.
- Information disclosed pursuant to the authorization may be subject to redisclosure by the Proxy and may no longer be protected by the HIPAA Privacy Rule.
- This authorization is valid unless and until I revoke the Proxy's access.

Signature of Patient or Personal Representative

(Personal Representatives will be required to present documentation outlining legal authority to act on behalf of Patient)

Date

Staff use only

Select type of MyChart access provided:

- Adult accessing adult
- Parent/legal guardian accessing minor
 - Full proxy access will expire when the patient becomes 14 years of age
 - Limited access will be given until the minor turns 18 years of age
- Parent/legal guardian accessing developmentally disabled minor or adult

Return this form via one of the following methods: Provide to clinic staff,

Email: patientportal@conemaugh.org or Fax: 814-269-5274.