



Request for MyHealth Proxy Access to an Adult

Using MyHealth to access another person's medical records through their MyHealth account is called Proxy Access. Proxy users will need a personal MyHealth account in order to have proxy access to another person's medical record

The amount of information a proxy user may view in the medical record may be full or partial:

- **Full Proxy Access** may include all information from the patient's medical record viewable to the proxy user.
- **Partial Proxy Access** may include appointments, limited messaging, and billing information viewable to the proxy user.

This form must be completed by the adult patient who is authorizing another adult to access their medical information. If the patient is unable to sign this form, documentation of guardianship or power of attorney for healthcare decisions is required. Completed forms may be returned to the Legacy clinic where the patient receives services.

Patient Information	
Patient Name: _____	Date of Birth: _____ Age: _____
Address: _____	
Proxy User Information	
Proxy User Name: _____	Date of Birth: _____
Contact phone: _____	Email address: _____
Address: _____	
Relationship to patient (select one): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian/POA* <input type="checkbox"/> Conservator* <input type="checkbox"/> Other: _____	
*Legal documentation is required	
Type of access granted (select one): <input type="checkbox"/> Full Proxy Access <input type="checkbox"/> Partial Proxy Access	
If type of access is not selected, Partial Proxy Access will be granted by default	

Patient Authorization for Proxy Access

I hereby understand that with my signature, I am granting proxy access to my medical information through Legacy Health MyHealth to the above-named individual. I understand proxy access designation is voluntary and I am not required to designate a proxy user. I understand that I may revoke proxy access by submitting a written request at any time. I agree to comply with *Legacy Health MyHealth Terms and Conditions of Use* found at:

<https://myhealth.lhs.org>

Signature of Patient

Date

Proxy User Information

I attest that I am the proxy user named above authorized to access the protected health information of the named patient through Legacy Health MyHealth. I agree to comply with *Legacy Health MyHealth Terms and Conditions of Use* found at: <https://myhealth.lhs.org>

Signature of Designated Proxy User

Date