

Adult Proxy Access Request Form

MyChart

by Hawai'i Pacific Health

PLEASE PRINT THE ADULT PATIENT'S INFORMATION IN THIS BOX (patient label ok)

Patient's Name (last, first, middle initial): _____ Legal Sex: _____

Date of Birth: _____ Medical Record Number (MRN): _____ Phone #: _____
Month Day Year

I understand that Hawai'i Pacific Health and its affiliate health care providers (collectively, "HPH") share an integrated electronic medical record. I also understand the general policy of HPH is not to disclose my Protected Health Information (PHI) to others without my permission unless they are directly involved in my care, or as permitted or required by law. Therefore, I am requesting proxy access to MyChart account by Hawai'i Pacific Health ("MyChart") be granted to the person(s) named below. I understand this does not allow those identified to make health care decisions for me or to have full access to my records.

Please note: Your proxy(ies) must have their own MyChart account to access your MyChart record. HPH will create a MyChart record for your proxy(ies) if they do not already have one.

Submit completed forms to your provider's office. Please contact your provider's office if you need assistance with completing this form.

PERSON(S) REQUESTING /OR BEING GRANTED PROXY ACCESS (all fields are required - please print clearly)

Name (last, first, middle initial): _____ Date of Birth: _____

Relationship to Patient: _____ Email address: _____

Name (last, first, middle initial): _____ Date of Birth: _____

Relationship to Patient: _____ Email address: _____

*Attach a separate form for additional names.

MYCHART BY HAWAII PACIFIC HEALTH ACCOUNT TERMS AND AGREEMENT. I understand that:

- MyChart is intended as a secure online source of confidential health information.
- MyChart record contains select, limited medical information from my health record and it is not the complete contents of the health record. A copy of the patient's health record may be requested by contacting the Health Information Services Department.
- If my proxy shares his/her username and password with another person, that person may be able to view my health information.
- Proxy activities within my MyChart account may be tracked electronically and entries may become part of the health record.
- MyChart proxy(ies) will be able to view everything I can see, including but not limited to: my problem list, medication list, medical history, messages between me and my doctors, past and future appointments, and test results.
- MyChart proxy access is provided as a convenience to patients. HPH has the right to end proxy access at any time, for any reason.
- Use of MyChart proxy access is voluntary and I am not required to use proxy access.
- My request for MyChart proxy access for the above person(s) includes permitting them to discuss my care with my physician(s), to view, update and/or make changes to the following information in MyChart:
 - o Financial information such as billing, payment, my insurance information;
 - o Appointments;
 - o Request prescription refills;
 - o Send messages to my providers on my behalf; and
 - o Make changes to demographic information such as address, phone, e-mail, etc.
- MyChart proxy access I grant to another adult will not automatically expire. However, I may cancel my proxy's access at any time by going into MyChart and selecting "revoke access" or by notifying HPH in writing.

My Responsibility: I understand it is my responsibility to update this information as needed.

Approval Signature of Patient or Legal Guardian: _____

Print Name: _____ **Date:** _____

If signed by someone other than the patient or legal guardian, please describe your legal authority to act on behalf of the Patient: