

mychart

Manage your health online

**Adult Proxy Authorization for Release of Medical Information**

This form is an authorization that will permit DuPage Medical Group to release your medical information to your designated adult proxy. Please read it carefully.

This form should be completed by the patient who is authorizing another adult to access medical information in his or her MyChart record. It must accompany the Adult Proxy Form, which provides the name and information of the individual who the patient is authorizing to access their MyChart record as a proxy. If you do not have an Adult Proxy Form, please contact your clinic, or download one from www.mychart.dupagemedicalgroup.com.

Patient Name (last, first, middle initial) _____

Last 4 Digits of Social Security Number _____ Date of Birth _____

I am requesting that _____ (**insert name of proxy**) receive access to my health information that is available in my DuPage Medical Group MyChart Record. This person is my designated MyChart proxy. I authorize DuPage Medical Group to release the health information contained in my MyChart record to my MyChart proxy. I understand that the medical information in MyChart is obtained from my electronic medical record and may include information from all DuPage Medical Group facilities. I authorize release of any information contained in my MyChart medical record held by DuPage Medical Group to my designated proxy.

I authorize release of this information only through my MyChart record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.

I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by federal privacy protections.

I understand that even though I may only be a patient of DuPage Medical Group or Edward Hospital and Health Services, my health information will be shared with the other provider as both providers jointly share MyChart.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that DuPage Medical Group does not condition any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, DuPage Medical Group is not permitted to provide access to my MyChart record to my designated proxy.

This authorization will expire automatically one year from the date of my signature. I also may revoke this authorization at any time by providing a written request for revocation to my primary clinic. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

Date _____ Primary Physician _____

► **Signature of Patient (or authorized person)** _____

Printed Name _____

If person other than the patient signs, indicate authority to sign for patient (e.g., guardian) and attach documentation:

NOTE: Authorization expires one year from the date of signature (above). A new MyChart Proxy Authorization Form must be submitted each year to renew proxy access. You also may deactivate the access of the adult proxy specified above at any time through MyChart or by providing a written request to your primary clinic.