



ADULT PROXY REQUEST FORM

This Adult Proxy Request Form (this "Form") is to be completed by an adult patient (the "Patient", "you" or "your") who is 18 or over and can make (and understand) the Patient's healthcare decisions and wants to give another person (a "Proxy") the right to access Patient's information available through the MyChart patient portal ("MyChart"), furnished by Froedtert Health Inc. ("FH") and the Provider Organizations listed below.

MyChart is an easy-to-use online tool or mobile app that provides quick and secure access to appointments, medications, and other medical record information of health care services. FH furnishes MyChart for the patients of the following organizations and their respective subsidiaries and other affiliates that use FH's Epic electronic health record system ("Epic EHR System") (collectively, the "Provider Organizations", and together with FH, "we", "us" or "our"):

- Froedtert Memorial Lutheran Hospital, Inc., Community Memorial Hospital of Menomonee Falls, Inc., St. Joseph's Community Hospital of West Bend, Inc., Froedtert & The Medical College of Wisconsin Community Physicians, Inc., West Bend Surgery Center, Froedtert Surgery Center, LLC, Drexel Town Square Surgery Center, LLC, Menomonee Falls Surgery Center, LLP, Inception Health, LLC, Wisconsin Diagnostic Laboratories, LLC and certain other affiliates of FH (collectively, "FH Affiliates");
- The Medical College of Wisconsin, Inc. ("MCW"); and
- Certain other organizations that contract with FH for the right to use FH's Epic EHR System in their healthcare facilities, physician offices and other locations.

For more information about FH and the Provider Organizations, please visit <https://www.froedtert.com>.

The information available through MyChart is protected health information ("PHI") under HIPAA. The FH Affiliates and MCW use and disclose your PHI in accordance with the Joint Notice of Privacy Practices available at <https://www.froedtert.com/patients-visitors/patient-privacy/privacy-practices> or by request. You may request the other Provider Organizations' Notices of Privacy Practices from the Provider Organizations.

You may designate a Proxy to access and use your MyChart account on your behalf by completing the Patient and Proxy identifying information below. Your Proxy will be able to view PHI and other information available through the Patient's MyChart account, and will be able to take any action through MyChart that you would take.

Patient Information: *[If the Patient does not already have a MyChart account, the Patient may also create an account by filling out a MyChart Account Request Form.]*

Patient's Name:		DOB:	
Address:			
Phone Number:		Last 4 SSN:	

Proxy Information: *[A Proxy that does not already have a MyChart account must fill out a MyChart Account Request Form. The Proxy can only see the Patient's MyChart records by logging into the Proxy's own MyChart account.]*

Email Address:			
Proxy's Name:	Proxy's DOB:	Phone #:	
Street			
City:	State:	Zip:	

Proxy: *[The Proxy must read and agree to the following statements by signing below.]*

By signing below, the undersigned Proxy understands and agrees that:

- The Proxy will be able to see and disclose the PHI and other information about the Patient when the Proxy signs into the Proxy's MyChart account;
- When the Proxy accesses the Patient's MyChart account, the Proxy will be able to view, save, print, email or otherwise text or transmit, download, add limited information to the MyChart records, and share the PHI in the Patient's MyChart account with other people. When the Proxy shares the Patient's information with other people, they may also be able to view, share, email or otherwise text or transmit, print, save and download the Patient's information. They may also be able to add information back into the Patient's MyChart records. The Proxy takes full responsibility for sharing the information and will verify that the Patient directs the Proxy to share or agrees to the Proxy's sharing of the Patient's PHI;



MyChart Authorization for Use or Disclosure of Protected Health Information For Adult Proxy Request

Patient's Name:		DOB:	
Address:			
Phone Number:		Last 4 SSN:	

You, the undersigned patient (the "Patient", "you" or "your") have requested that another person (the "Proxy") named on this authorization form (this "Authorization Form"), be given access to your MyChart account. This Authorization Form permits Froedtert Health Inc. ("FH") and the Provider Organizations listed below to release the protected health information ("PHI") in your MyChart account to the Proxy.

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For more information about FH and the Provider Organizations, please visit <https://www.froedtert.com>.

Patient: *[The Patient must read and sign the following statement.]*

By signing below, you, the undersigned Patient, understand and agree that:

- You request and authorize the Provider Organizations to release the PHI in your MyChart account through MyChart to the Proxy listed below;
- The name and the address of the Proxy who is authorized to receive and direct the disclosure of the PHI through MyChart is:

Proxy's Name:			
Relationship to Patient:			
Street			
City:		State:	Zip:

- **Description of the PHI to be released to the Proxy:** All medical record and other information available in MyChart, including, without limitation, information relating to mental illness, alcohol/drug abuse, sexually transmitted diseases, HIV test results, developmental disabilities and genetic testing results;
- **Purpose of Disclosure:** The medical record information and other PHI available in MyChart will be released to the Proxy at the request of the Patient;
- **Authorization Time Period:** This Authorization Form is effective until your MyChart account is inactivated and includes all PHI created or existing on or before the date you signed this Authorization Form, and all PHI created after the date you signed this Authorization Form;
- **Right to Revoke Authorization:** You understand that you have a right to revoke this Authorization Form at any time. You may revoke this Authorization Form and the Proxy's access to the Patient's MyChart account by (1) going into your MyChart account, accessing the account settings menu, clicking the radio button next to the Proxy's name and clicking Revoke Access or (2) revoking this Authorization Form in writing and mailing it to: Froedtert & Medical College of Wisconsin, Office of Clinical Informatics, 200 Woodland Prime, N74 W1501 Leatherwood Ct, Menomonee Falls, WI 53051. Any revocation will not apply to information that has already been released;
- **Right to Receive Copy of Authorization:** You will receive a copy of this Authorization Form, if signed. You also have the right to inspect or copy the health information you have authorized to be disclosed to the Proxy by this

Authorization Form. You may arrange to inspect your health information or obtain copies of your health information by contacting the Health Information Management Department at (262) 836-2510;

- **Redislosure Notice:** If the Proxy or any other person receiving PHI from the Proxy is not a health plan, health care provider or health care clearinghouse subject to HIPAA and other privacy laws, the person may further disclose the PHI and it may no longer be protected by such privacy laws; and
- **Right to Refuse to Sign this Authorization:** You may refuse to sign this Authorization Form. Your refusal to sign this Authorization Form will not affect your ability to obtain treatment from a Provider Organization. If you refuse to sign this Authorization Form, the Proxy's access to your MyChart account will not be granted.

X _____ / _____
Patient Signature **Date (Required)**

MyChart® is a registered trademark of Epic Corporation
Medical Records Copy

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