

Patient Consent for Proxy Access to MyChart Account

Purpose: This document allows patients who do not have current access to MyChart through Carlon Palliative Care to designate a proxy with specified access to their MyChart account, which contains personal health information.

Patient Information:

Name: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Proxy Information:

Proxy Name: _____

Relationship to Patient: _____

Proxy Address: _____

Proxy Contact Number: _____

Proxy Date of Birth: _____ Proxy Email: _____

Levels of Proxy Access: Select from the following levels of MyChart proxy access. Please check one:

☐ **Full Access**

- View medical records, test results, and treatment plans.
- Schedule, modify, and cancel appointments.
- Communicate with healthcare providers via secure messaging.
- Access billing and insurance information.

☐ **Scheduling Access**

- Schedule, modify, and cancel appointments.
- No access to medical records or secure messaging.
- Cannot view billing or insurance information.

☐ **Clinical Access**

- View medical records, including test results and treatment plans.
- No access to schedule or manage appointments.
- No access to secure messaging or billing information.

☐ **Power of Attorney (POA) Access**

- Includes all Full Access privileges.
- Authority to grant or revoke proxy access to others.
- Requires legal documentation verifying POA status.

Authorization for Use and Disclosure of Health Information

I, _____ [Patient's or Patient Representative's Full Name],
authorize _____ [Proxy's Full Name] to have [Selected
Access Level] to my MyChart account. This access provides the rights and responsibilities as detailed
under the selected access level above.

I acknowledge and agree that my designated proxy may make decisions and have access to my
information as I have selected in this form. Information available to my proxy may include personal
health information including medical, prescription, payment, and insurance information as well as
any information available through MyChart which may include sensitive information such as
information pertaining to mental health, sexually transmitted disease, HIV/AIDS, or substance abuse
treatment information. By signing this document, you agree that we may release your private
health information to the person designated as your proxy for the purposes outlined in this form.

Duration and Revocation of Access: This authorization is valid until revoked by the patient in writing,
or the patient no longer has access to MyChart through Carelon Palliative Care.

Revocation Process: To revoke proxy access, the patient must submit a written request with the
following details:

- Patient's full name and date of birth.
- Proxy's name and relationship to the patient.
- Statement clearly indicating the desire to revoke access.
- Patient's signature and date. This request should be sent to the MyChart support team at:
22 Century Blvd, Ste 310
Nashville, TN 37214
Phone: 844-232-0500
Fax: 855-611-1917
Email: enrollment@carelon.com

Patient Rights:

- Right to modify or revoke this access at any time via written request.
- Right to understand and limit the scope of access granted.

Proxy Responsibilities:

- Responsible for maintaining confidentiality of the patient's health information.
- Misuse or improper access will lead to termination of proxy rights.