

**Patient Information** (All sections required - please print clearly.)

Complete this section with information about the patient whose MyChart record you're requesting to access.

Patient Name (*last, first, middle initial*) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: City: State: Zip: \_\_\_\_\_

**Proxy Information** (All sections required - please print clearly.)

Proxy Name (*last, first, middle initial*) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: City: State: Zip: \_\_\_\_\_

Please note that the patient's chart will be accessed through your (the proxy's) MyChart record. Completing this form will establish a MyChart record for you and for the patient.

**MyChart Terms and Conditions**

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my health information, and health information about someone who has authorized me as a MyChart proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. MyChart does not include medical information relating to diagnosis of mental illness, alcohol/drug abuse, sexually transmitted diseases, HIV, some communicable diseases, or pregnancy and childbirth. MyChart does not include physician notes.
- MyChart may include prescription medications and reason for provider visits past and future. MyChart provides access to a limited set of medical information such as diagnostic test results, medications, allergies, immunizations and some clinical notes. It does not include the complete contents of the patient's medical record. A request for complete copies of medical records may be requested from the patient's health care provider with proper legal authorization.
- An authorized Proxy has the same access to message providers, request prescription refills, schedule appointments, and any other information the patient has access to in MyChart, including access to certain medical information which is viewable in the patient's MyChart account.
- Proxy activity within MyChart is tracked by computer audit. Any entries made by the Proxy on the patient's behalf will be identified as such and may become part of the patient's medical record.
- I understand that access to MyChart is provided by Altru Health System as a convenience to its patients and that Altru Health System has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- I understand that Proxy access may be revoked by the patient within his/her MyChart account at any time or upon written request

# MyChart ADULT PROXY ACCESS FORM

<b>Authorization for Proxy Access:</b>
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I acknowledge that I have read and understand the MyChart Adult Proxy Terms and Conditions and authorize the Proxy named above to access my MyChart account.

**Patient/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Relationship to Patient: [  ] Self [  ] Legal Guardian/Conservator\*

*\*If relationship is other than patient, legal documentation must accompany this request*

For proxy activation, send completed form and legal documentation, if applicable, to: Fax: 701-256-6176 or leave form with office staff, otherwise return form to:

Langdon Prairie Health  
Attn: MyChart Medical Records  
909 2<sup>nd</sup> Street  
Langdon, ND 58249  
Phone: 701-256-6240