



# MyCHART ACCESS - Minor Patient Proxy Authorization

A proxy authorization means that you grant another person full access to your records as if they were you. This might be a parent, guardian or someone who helps you manage your health. To process your request all sections must be completed. Please print clearly.

For Office use only  
Medical Record # \_\_\_\_\_

### Patient Information:

Patient Name: *last*, \_\_\_\_\_ *first*, \_\_\_\_\_ *middle initial*, \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_

### Proxy Information - Each proxy request requires a separate authorization be completed:

Proxy Name: *last*, \_\_\_\_\_ *first*, \_\_\_\_\_ *middle initial*, \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Main Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Legal Relationship to the Patient: \_\_\_\_\_

I allow Ridgeview to release my personal health information to the proxy listed above via an online MyChart account. I understand that:

- For minors 0-11 years, full proxy access will be granted up until the minor's 12<sup>th</sup> birthday.
- For minors 12-17 years, partial proxy access will be granted up until minor's 18<sup>th</sup> birthday, unless the minor signs this form.
- For minors 12-17 years who sign this form, full proxy access will be granted and the authorization is valid for one year or up until the minor's 18<sup>th</sup> birthday (whichever is sooner). To renew access, a new authorization will need to be completed.
- If I change my mind and no longer want to grant MyChart proxy access, I may let Ridgeview know in writing at any time. This change will become effective no later than the next business day after the date that Ridgeview receives my request and will not apply to information that has already been released before this effective date.
- Ridgeview cannot be responsible for the confidentiality of information released to my proxy, and cannot prevent my proxy from releasing the information to another person. At that time, the information is no longer protected by federal and state privacy regulations.
- If I do not sign this form I will still be treated and payment, enrollment and eligibility for benefits will not be impacted.
- To be valid, this form must be completely filled out, signed, and dated. A photocopy, fax or electronically scanned and transmitted image is the same as the original.
- I can receive a signed copy of this form upon my request.
- For the proxy to gain access to your MyChart account, the proxy must activate the account with the code they will be given. The proxy must confirm that they have read and agree to the MyChart Terms and Conditions. These Terms and Conditions apply to each use.
- I designate my MyChart account as my preferred method of communications.

\_\_\_\_\_  
Signature of Minor between the age of 12-17 granting the Proxy full access to MyChart

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of Proxy

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

### Return form to ROI in HIM Department:

E-mail: proxyform@ridgeviewmedical.org **OR** Fax: 952-442-6037

**OR** Mail: Attn: ROI, 500 S Maple St, Waconia, MN 55387

PATIENT LABEL