



PATIENT LABEL HERE

NAME OF PATIENT	DATE OF BIRTH
NAME OF PROXY PARENT, LEGAL GUARDIAN, ADULT	DATE OF BIRTH
STREET ADDRESS	CITY/STATE/ZIP
E-MAIL	PHONE NUMBER
SIGNATURE	SOCIAL SECURITY NUMBER

If you are requesting proxy access, check one of the boxes below. Note that for all types of proxy access, the patient's chart will be accessed through your MyChart account.

**PLEASE CHECK ONLY ONE BOX**

**Adult to Adult Proxy** - To request access to the MyChart record of an adult whose medical care you help manage, please complete this form. The patient must sign this form. This authorization will be valid indefinitely unless revoked in writing by the patient. Please note that the patient's chart will be accessed through your (the proxy's) MyChart record.

**Adult to Child/Teen (Access to your minor child's MyChart record).**

Note the following age range **limitations** for MyChart. *These age range limitations do not affect any legal right you have to access your child's record by other means.*

**For Teen:**

While Crossing Rivers Health has taken efforts to safeguard sensitive information in MyChart, there may be sensitive information available in MyChart. This means my proxy will have access to records that may include information relating to the diagnosis and/or treatment of mental illness, alcohol/drug abuse, tobacco use, STD's, HIV test results, adolescent health, developmental disabilities and genetic testing results.

\_\_\_\_\_ Teen Signature

\_\_\_\_\_ Date

**Legal Guardian** (documentation required). Access to your child's/ward's MyChart record.

- Legal Guardian (court order)
- Power of Attorney for Healthcare (activation)
- Other: \_\_\_\_\_

**I understand that:**

- MyChart is meant to be a secure, online source of my personal health information. If I share my login ID and password with someone, that person may be able to see health information about me, my child or someone who has authorized me as a MyChart proxy.
- My password is my responsibility. I will keep my password a secret. I will change my password if I believe someone has access to it.
- MyChart does not include the complete contents of the medical record. I can ask for a copy of a patient's medical record. There may be a fee for copies. Health Information Management (HIM) at Crossing Rivers Health can help with these requests.
- Crossing Rivers Health may track activities within MyChart via computer. Entries I make may become part of the medical record.
- Crossing Rivers Health provides access to MyChart as a convenience to patients and families, and has the right to revoke access to MyChart at any time, for any reason.
- It is up to me whether I use MyChart. I am not required to use MyChart. I am not required to authorize another person to access MyChart account.
- It is my responsibility to keep my E-mail address current at all times in the MyChart system. If my E-mail is not current, I will not receive important messages from Crossing Rivers Health via MyChart.

**For MyChart sign-up and all types of proxy access:**

By signing below, I acknowledge that I have read and understand this MyChart Proxy Access Sign-Up Form, and I agree to its terms.

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Signature

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Date

**Mail form to:** Crossing Rivers Health, Attn: Health Information Management  
37868 US Hwy 18, Prairie du Chien, WI 53821

**Fax form to:** (608) 357-2277