



Froedtert Hospital · 9200 West Wisconsin Ave., Milwaukee, WI 53226-3596
Community Memorial Hospital of Menomonee Falls, Inc. d/b/a Froedtert Menomonee Falls Hospital · W180 N8085 Town Hall Rd., Menomonee Falls, WI 53051
St. Joseph's Community Hospital of West Bend, Inc. d/b/a Froedtert West Bend Hospital · 3200 Pleasant Valley Rd., West Bend, WI 53095
Froedtert & the Medical College of Wisconsin Community Physicians · 110 Lone Oak Ln., Hartford, WI 53027
Holy Family Memorial, Inc. · 2300 Western Ave., PO Box 1450, Manitowoc, WI 54221-1450

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. d/b/a Froedtert Menomonee Falls
 Hospital, St. Joseph's Community Hospital of West Bend, Inc. d/b/a Froedtert West Bend Hospital, Froedtert Health Neighborhood
 Hospital LLC d/b/a Froedtert Community Hospitals, Holy Family Memorial, 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://help.froedtert.care/articles/terms-use.

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 of 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;

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Original - Medical Records





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- 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;
- The Proxy has read and understands, and will comply with the terms on this Form, the MyChart Account Request Form, and the MyChart Terms & Conditions, available at https://help.froedtert.care/articles/terms-use.;
- The Patient or any Provider Organization may revoke the Proxy's access to the MyChart account at any time; and
- We will revoke the Proxy's access to the MyChart account if we become aware of the Patient's death;
- All information identifying the Proxy on this Form is current and correctly identifies the Proxy.

Proxy Signature (Required)	Relationship to Patient (Required)	Date/Time (Required)

Patient: The Patient must read and sign the following statement.

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

- You choose to designate the person named above as a Proxy who can access your MyChart account, which will include access to your PHI. You may name multiple individuals as a MyChart Proxy;
- If you no longer want the person named on this Form to be your Proxy, you may revoke the Proxy's access by (1) going into your MyChart account (if you have one), accessing the account settings menu, clicking the radio button next to the Proxy's name and clicking Revoke Access or (2) revoking access in writing and mailing a request, completing the inactivation form on Froedtert.com. Mail to: Froedtert & Medical College of Wisconsin, HIM ROI MyChart, Second Floor, 9200 W Wisconsin Avenue, Milwaukee, WI 53226.

Fax to: 414-259-1244 or

Email: healthinformation@froedtert.com. Any revocation will not apply to information that has already been released;

- The Proxy's access to MyChart will allow the Proxy to view, save, print, email or otherwise text or transmit, download, add limited information to your MyChart account, and share your PHI with other people. The people your Proxy shares your information with may also be able to view, share, email or otherwise text or transmit, print, save and download your information. They may also be able to add information back into your MyChart account;
- You have completed the MyChart Authorization for Use or Disclosure of Protected Health Information For Adult Proxy Request;
- You have read and understand, and will comply with the terms on this Form, the MyChart Account Request Form, and the MyChart Terms & Conditions, a copy of which is located at https://help.froedtert.care/articles/terms-use.; and

Patient Signature (Required)	Relationship to Patient (if applicable) Date/Time (Require
For Official Use:	
1. I have given a photocopy of the signed MyCha	rt® Authorization document to the Patient.
2. I HAVE PLACED A PATIENT LABEL ON EACH	OF THE PAGES GOING TO MEDICAL RECORDS.
3. I have viewed the Patient's ID on	by
	Date/Time Signature of Provider's Staff Member

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

Patient's Name	DOB	
Address		
Phone Number	Last 4 of 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.

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"):

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 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"); and
- 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 healthcarefacilities, physician offices and other locations.

For more information about FH and the Provider Organizations, please visit https://help.froedtert.care/articles/terms-use.

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;

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• Right to Revoke Authorization: You understand that you have a right to revoke this Authorization Form at anytime. 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 or faxing a request to the address below or completing the inactivation form on *Froedtert.com*.

Mail to: Froedtert & Medical College of Wisconsin, HIM ROI MyChart, Second Floor, 9200 W Wisconsin Avenue, Milwaukee, WI 53226.

Fax to: 414-259-1244 or

Email: healthinformation@froedtert.com. 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;
- Redisclosure Notice: If the Proxy or any other person receiving PHI from the Proxy is not a health plan, healthcare 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.

Patient Signature (Required)	Date/Time (Required)

Fax completed form to fax#: 414-259-1244 or

Email: healthinformation@froedtert.com

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