Froedtert Hospital · 9200 West Wisconsin Ave., Milwaukee, WI 53226-3596



Community Memorial Hospital of Menomonee Fails, linc. d/b/a Froedtert Menomonee Fails Hospital - W180 N8085 Town Hall Rd., Menomonee Fails, WI 53051 St. Joseph's Community Hospital of West Bend, Inc. d/b/a Froedtert Menomonee Fails 4:3200 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., P0 Box 14:50, Manitowoc, WI 54221-1450

# CHILD/ADOLESCENT 12-17 YEARS PROXY REQUEST

This Child/Adolescent Proxy Request Form (this "Form") is to be completed by a parent, permanent legal guardian of a child-patient (the "Patient") and the adolescent who either wants to give himself/herself or another individual access to information about the Patient available through the MyChart patient portal ("MyChart"), furnished by Froedtert & the Medical College of Wisconsin, Inc. ("F&MCW") and the Provider Organizations listed below. In either case, the individual authorized to access the Patient's Protected Health Information (PHI) through MyChart is the Patient's proxy (the "Proxy").

Note if the Patient is between the ages of 12 to 17 years old, access to a Patient's MyChart account is permitted with the adolescent approval and signature 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. F&MCW furnishes MyChart for the patients of the following organizations and their respective subsidiaries and other affiliates that use F&MCW's Epic electronic health record system ("Epic EHR System") (collectively, the "Provider Organizations", and together with F&MCW, "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

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• Certain other organizations that contract with F&MCW, Inc. for the right to use F&MCW's Epic EHR System in their healthcare facilities, physician offices and other locations.

For more information about F&MCW 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 F&MCW Affiliates use and disclose the Patient's 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. The Proxy may request the other Provider Organizations' Notices of Privacy Practices from the Provider Organizations.

The parent or permanent legal guardian may designate himself/herself or another person as a Proxy to access and use the Patient's MyChart account on the Patient's behalf by completing the Patient and Proxy identifying information below. The Proxy will be able to view the PHI and other information available through the Patient's MyChart account, and will be able to take any action through the Patient's MyChart that the Patient would take.

### Patient Information:

Patient Name		DOB	
Address			
Phone Number	Las	st 4 of SSN	

**Proxy Information:** A Proxy that does not already have a MyChart<sup>®</sup> account must fill out a MyChart<sup>®</sup> Account Request Form. The Proxy can only see the Patient's MyChart<sup>®</sup> records by logging into the Proxy's own MyChart<sup>®</sup> account.

Email	Proxy's Phone	
Proxy's Name	Proxy's DOB	
Address		
City, State	Zip	
ony, otato		

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Page 1 of 4

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\_MyChart<sup>®</sup> Consent - Child/Adolescent Proxy - Form #61460



#### Proxy's Relationship to the Patient is as follows:

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- □ Parent (Access to minor child's MyChart record 12–17 years with the adolescent's approval and signature below) approval for access is due to privacy laws.
- Permanent Legal Guardian of the Patient Must attach a copy of the court order appointing guardian and letters of guardianship verifying the Proxy's status as the permanent legal guardian of the Patient.

#### **Parent or Permanent Legal Guardian / Proxy:** (The parent or permanent legal guardian, and the Proxy must read and agree to the following statements by signing below.]

By signing below, the undersigned parent or permanent legal guardian and the undersigned Proxy each understands and agrees that:

- The Proxy has not been denied periods of physical placement with the Patient and there are no court orders or restraining orders in effect limiting the parent's, permanent legal guardian's or Proxy's access to the Patient's medical records and/or information;
- The Proxy will be able to see and disclose the PHI and other information about the Patient available in MvChart when the Proxy signs into the Proxy's MyChart account;
- 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 Patient's MyChart account, 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 into the Patient's MyChart account. The Proxy takes full responsibility for sharing the information;
- There are age range limitations for MyChart. These age range limitations do not affect any legal right the Proxy has to access the Patient's record by other means. The Proxy can request a paper copy of the Patient's record, by contacting the Health Information Management Department;
- On or after the Patient's 12th birthday, the Proxy will have access to the Patient's MyChart record with the adolescent's approval and signature;
- The Proxy will have access to records that may include information related to the diagnosis and/or treatment of behavioral health, substance use disorders, tobacco use, sexually transmitted disease, HIV test results, adolescent health, developmental disabilities and generic testing results.
- 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's parent or permanent legal guardian, and Provider Organization may revoke the Proxy's access to the MyChart account at any time;
- We will revoke the Proxy's access to the MyChart account if we become aware of the Patient's death; and
- All information identifying the Proxy on this Form is current and correctly identifies the Proxy.

Parent or Permanent Legal Guardian signature (Required)	Relationship to Patient (Required)	Date/Time (Required)	

Adolescent signature (Required ages 12-17)

Relationship to Patient (Required)

Date/Time (Required)

□ Adolescent activation: Check this box if you, the adolescent would like to have personal access to the MyChart account. (Not required to establish proxy).

#### For Official Use:

1. I have given a photocopy of the signed MyChart Authorization document to the Patient or the Patient's parent/permanent legal guardian.

2. I HAVE PLACED A PATIENT LABEL ON EACH OF THE PAGES GOING TO MEDICAL RECORDS.

3. I have viewed the parent's/permanent legal guardian's ID on		by		
	Date/Time		Signature of Provider's Staff Member	

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Page 2 of 4

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## MyChart Authorization for Use or Disclosure of Protected Health Information (PHI) - For Child or Adolescent 12-17 years Proxy Request

#### **Patient Information:**

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Patient Name	DOB	
Address		
Phone Number	Last 4 of SSN	

The undersigned parent or permanent legal guardian of the adolescent-patient age 12 to 17 years old (the "Patient") has requested access the Patient's MyChart account for the individual proxy identified below (the "Proxy"). This authorization form (this "Authorization Form") permits Froedtert & the Medical College of Wisconsin, Inc. ("F&MCW") and the Provider Organizations listed below to release the protected health information ("PHI") in the Patient's MyChart account to the Proxy.

F&MCW furnishes MyChart for the patients of the following organizations and their respective subsidiaries and other affiliates that use F&MCW's Epic electronic health record system ("Epic EHR System") (collectively, the "Provider Organizations", and together with F&MCW, "we", "us" or "our"):

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- The Medical College of Wisconsin, Inc. ("MCW"); and

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• Certain other organizations that contract with F&MCW, Inc. for the right to use F&MCW's Epic EHR System in their healthcare facilities, physician offices and other locations.

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

**Parent or Permanent Legal Guardian:** [The parent / permanent legal guardian must read and sign the following statement.] **By signing below, the undersigned parent or permanent legal guardian, understands and agrees that:** 

- The parent or permanent legal guardian requests and authorizes the Provider Organizations to release the PHI in the Patient's MyChart account through MyChart to the Proxy listed on this Authorization Form;
- 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		DOB	
Relationship to Patient			
Address			
City	State		Zip Code

- 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 parent or permanent legal guardian's request;
- Authorization Time Period: This Authorization Form is effective until the Patient's MyChart account is inactivated and includes all PHI created or existing on or before the date the parent or permanent legal guardian signed this Authorization Form, and all PHI created after the date the parent or permanent legal guardian signed this Authorization Form;

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Page 3 of 4

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**Right to Revoke Authorization:** If you no longer want the person named on this form to be your proxy, you may revoke this Authorization Form and the Proxy's MyChart access at any time by 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

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#### Any revocation will not apply to information that has already been released:

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- **Right to Receive Copy of Authorization:** The parent or permanent legal guardian will receive a copy of this Authorization Form, if signed. The parent or permanent legal guardian also has the right to inspect or copy the health information disclosed to the Proxy under this Authorization Form. The parent or permanent legal guardian may arrange to inspect the Patient's health information or obtain copies of the Patient's health information by contacting the Health Information Management Department at (262) 836-2510;
- **Re-disclosure Notice:** If the Proxy or any other person receiving PHI from the Proxy is not a health plan, health care 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:** The parent or permanent legal guardian may refuse to sign this Authorization Form. The parent's or permanent legal guardian's refusal to sign this Authorization Form will not affect the Patient's ability to obtain treatment from the Provider Organizations. If the parent or permanent legal guardian refuses to sign this Authorization Form, the Proxy's access to the Patient's MyChart account will not be granted;

Parent or Permanent Legal Guardian signature (Required)

Relationship to Patient (Required)

Date/Time (Required)

# Fax completed form to fax#: 414-259-1244 Or Email: healthinformation@froedtert.com

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Page 4 of 4

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