

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;



- **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*