

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, Froedtert & The Medical College of Wisconsin Community Physicians, Inc., West Bend Surgery Center, Froedtert Surgery Center, LLC, Waukesha 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 F&MCW (collectively, “F&MCW Affiliates”);
- The Medical College of Wisconsin, Inc. (“MCW”); and
- 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:		Last 4 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’s Relationship to the Patient is as follows:

- 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.



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

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

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- 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, Froedtert & The Medical College of Wisconsin Community Physicians, Inc., West Bend Surgery Center, Froedtert Surgery Center, LLC, Waukesha 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 F&MCW (collectively, "F&MCW Affiliates");
- The Medical College of Wisconsin, Inc. ("MCW"); and
- 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:			
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 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;

- 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

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

- 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;

X

Parent / Permanent Legal Guardian signature (Required)

Relationship to Patient (Required)

Date (Required)

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