

Adult Proxy Access to the Online MyChart of a Patient Age 18 or older

Requirements and Procedures

Proxy access for adult patients allows another person, of the patient's choosing, to log into their personal MyChart account, and then connect to information regarding the patient. Patients over 18 will be required to sign the Adult Proxy form granting permission for the Delegate to access their medical record. Both the patient and the Delegate must sign and return the Adult Proxy Authorization Form prior to access being granted.

Requirements for Proxy online access to a patient's record:

- Individual requesting access must have a signed consent from the patient
- Adult Proxy Access Authorization Form must be completed and signed
- Each Delegate requesting access must have their own MyChart account

I understand that:

- I must have a MyChart account
- I must log in to MyChart with my own User ID & Password
- I must click on 'My Family's Records' to access a patient's online record
- I agree to abide by the terms and conditions on the MyChart site
- **MyChart is not to be used in an emergency**

Adult Proxy access to a patient's record will be revoked upon the patient's written request. Ann & Robert H. Lurie Children's Hospital of Chicago and/or your independent physician practice reserves the right to revoke online access to medical information at any time.

Communications on behalf of the patient must be sent from the patient's record; responses will be posted in the patient's record. MyChart e-mail alerts will be sent to the e-mail address entered in the patient's record.

If you already have a MyChart account, you will receive a letter notifying you that access to the patient's record is available, typically 5-7 business days. You will be granted access only after the completed Adult Proxy Authorization form is received.

If you do not have a MyChart account, upon submitting your electronic request a MyChart Activation Letter with Access Code and instructions will be mailed to you typically in 5-7 business day. Access to MyChart will be granted upon Lurie Children's or your independent physician practice receiving the completed Parent/Guardian Authorization form. If you do not activate your account within 60 days after receiving your MyChart Activation Letter, your account will be inactivated.

Adult Proxy Authorization Form

Please enter **Patient's** information below:

Patient's Name: _____ Date of Birth: _____

Address: _____

To be notified when new messages about the patient's care are sent to MyChart, please list an email address: _____

Please enter **Delegate** information below:

Delegate Name: _____ Date of Birth: _____

Address: _____

Relationship to patient: _____ Parent _____ Spouse _____ Other

If Other, please specify: _____

Do you have an active MyChart account? _____ Yes _____ No

I have read and understand the requirements and procedures regarding accessing a patient's medical record information online as provided on the document titled Adult Proxy Access to the Online Medical Record of a MyChart Patient.

I certify that I am a Delegate of the above named patient and all information I have provided is correct. I hereby request access to this patient's online medical record.

Date

Delegate Signature

I agree to allow the delegate, named above, online access to my medical information currently available and that may become available as a result of future medical care. I understand I may revoke this access at any time.

I understand that the following items may be disclosed along with other health information in my medical record: HIV/AIDS related health information and/or records, behavioral or mental health information and/or records, information about sexually transmitted disease (STD), pregnancy, birth control, drugs/alcohol diagnosis, treatment, and/or referral information, genetic testing information and/or records, information about sexual assault/abuse, information about child abuse and neglect, and domestic abuse of an adult with a disability.

Date

Patient Signature

Date

Witness Signature

Please send this completed form via postal mail or fax to your child's primary clinic location.

Ad-Park Pediatric Associates

1640 W Lake St, Suite 200
Addison, IL 60601
Fax: 630-543-1551

Fax: 847-259-5322
765 Ela Rd, Suite 102
Lake Zurich, IL 60047
Fax: 847-726-7657

610 S Maple Ave, Suite 3150
Oak Park, IL 60304
Fax: 708-383-7498

Pediatric Associates of Barrington

27750 W. Hwy 22, Suite 150
Barrington, IL 60010
Fax: 847-381-6828

Elm Street Pediatrics

572B Lincoln Ave
Winnetka, IL 60093
Fax: 847-501-4075

525 E. Congress Pkwy, Suite 220
Crystal Lake, IL 60014
Fax: 815-459-1648

Fairview Pediatrics

1475 E. Belvidere Rd, Suite 215
Grayslake, IL 60030
Fax: 847-548-8899

Pediatric Partners

300 Center Dr, Suite 103
Vernon Hills, IL 60061
Fax: 847-362-4425

Highland Park Pediatric Associates

2101 Waukegan Rd, Suite 302
Bannockburn, IL 60015
Fax: 847-432-9480

600 Central Ave, Suite 123
Highland Park, IL 60035
Fax: 847-681-7110

Hinsdale Pediatrics

911 N. Elm St., Suite 215
Hinsdale, IL 60521
Fax: 630-323-9652

Premier Pediatrics

565 Lakeview Pkwy, Suite 108
Vernon Hills, IL 60061
Fax: 847-821-9501

Lake Shore Pediatrics

900 N. Westmoreland Rd, Suite 106
Lake Forest, IL 60045
Fax: 847-615-0730

36100 Brookside Dr, Suite 204
Gurnee, IL 60031
Fax: 847-821-9501

27750 W. Hwy 22, Suite 150
Barrington, IL 60010
Fax: 847-381-4602

Wheaton Pediatrics

1725 S. Naperville Rd, Suite 100
Wheaton, IL 60189
Fax: 630-690-7335

1800 Hollister Dr, Suite 220
Libertyville, IL 60048
Fax: 847-362-4615

725 W. Fabyan Pkwy, Suite B
Batavia, IL 60510
Fax: 630-690-7335

Pediatric Associates of Arlington Heights

1614 W. Central Rd, Suite 209
Arlington Heights, IL 60005

Woodfield Pediatrics

1345 Wiley Rd, Suite 117
Schaumburg, IL 60173
Fax: 847-884-1113