
Requesting Proxy Access to an Adult's ARMC Epic MyChart Portal Account

Use this form if you are an adult patient (18 years or older) and wish to allow an adult access (grant proxy) to your ARMC Epic MyChart Portal account.

Before granting proxy to your account, I understand:

- The proxy must have an email address.
- That my proxy will have the same access and privileges that I have for the ARMC Epic MyChart Portal. I understand that this allows my proxy online access to my personal health information. My proxy will be able to view the same portions of my record that I am able to view. I also understand that additional information may be made available to my proxy through the ARMC Epic MyChart Portal as ARMC continues to implement this product.
- The proxy will have access until I revoke such access. I understand that a written request is necessary to revoke or cancel my proxy's access. However, I understand that my revocation will not be effective as to uses and/or disclosures already made while the access was enforced. I realize that the information used and/or disclosed pursuant to the proxy's access may be subject to re-disclosure and no longer protected by federal and state privacy laws.

Before accepting proxy access to another person's account, I understand:

As proxy I have a duty to use and access the ARMC Epic MyChart Portal account of another person in accordance with the patient's individual health care instructions and other wishes to the extent that they are known to me. If the patient's instructions or wishes are not known to me, use and access must be made in accordance with the patient's best interest. In determining the patient's best interest, I must consider the patient's personal values to the extent known to me.

Adult Patient – Access to Another Adult's Patient Portal Records

Select One:

Adult-Capable Patient:

- The patient must sign this form to grant access to their health information.
- Authorization for Proxy access is valid until revoked by the patient.

Legal Representative or Guardian of Adult (Adults who have a surrogate relationship with another adult through a legal arrangement.)

–Select the option below that best describes the guardianship:

- Legal Guardian (Court Order)
- Durable Power of Attorney for Health Care
- Other: _____

–If you are the legal guardian or you have a durable power of attorney for healthcare for this patient, then this request must be accompanied by a copy of the legal paperwork verifying your authority to have access to the patient's health information.

–You must notify ARMC immediately in case of any change in authority.

–You must provide the most current legally valid copies of the appropriate paperwork and notify ARMC immediately of any change in authority to act on behalf of the patient.

PATIENT IDENTIFICATION

ARROWHEAD REGIONAL MEDICAL CENTER

ARMC EPIC MYCHART PROXY REQUEST TO GRANT ACCESS TO ANOTHER ADULT (ENGLISH)

HIMALEMA

