



AUTHORIZATION FOR PROXY ACCESS TO LCOH MYCHART

Each individual requesting access to a LCOH patient's LCOH MyChart account record must have his or her own LCOH MyChart account. If the individual requesting access does not have a LCOH MyChart account, the LCOH Outpatient staff will provide an activation letter with instructions on how to create one.

You will need to be authorized for proxy access for each child/individual LCOH MyChart record you will help manage. Proxy access will only be granted to parties who can demonstrate the legal right to that patient's medical/ behavioral health information. LCOH reserves the right to revoke proxy access to a LCOH MyChart account record at any time.

ACCESS BY CAREGIVER OR FAMILY MEMBER

- Authorization: Individual requesting access as family/caregiver must have signed consent from the adult patient.
- Revocation: Family member or other caregiver access to a patient's LCOH MyChart account record is revoked when the patient or patient's provider submits a request or revokes access.

ACCESS BY POWER OF ATTORNEY

- Authorization: Individual requesting access must be the Power of Attorney of the patient and must provide appropriate legal documentation of Power of Attorney to LCOH.
- Revocation: Power of Attorney access to a patient's LCOH MyChart account record is revoked when the Power of Attorney or other legal documentation is revoked. The individual with access as Power of Attorney agrees that he/she will report the revocation or termination of Power of Attorney immediately to LCOH. The Power of Attorney agrees that he/she will not seek access to the patient's LCOH MyChart after revocation or termination of Power of Attorney and that doing so constitutes an illegal invasion of privacy.

ACCESS BY BIRTH PARENT OR LEGAL GUARDIAN

- Authorization: Must be a birth/adoptive parent or other individual requesting access who has legal guardianship rights for the minor child patient. Individual requesting access as legal guardian must provide appropriate legal documentation of guardianship to LCOH.
- Revocation: Birth Parent or Legal Guardian access to a minor patient's LCOH MyChart account record is revoked when:
 - Birth parent/legal guardian or child patient submits a request or revokes online.
 - Child patient turns 13 years old.
 - Child patient advises LCOH of his/her emancipated status.

ACCESS BY PARENT GUARDIAN OF A MINOR CHILD PATIENT AGE 13-17

- Authorization: Child patient age 13-17 must sign an authorized consent to parent/legal guardian access to his/her MyChart account. Please note, we must comply with Ohio law, which allows minors to consent to treatment without parental involvement in limited situations
- Revocation:
 - Automatically when the child patient turns 18 years old.
 - Child patient advises LCOH of his/her emancipated status.

PLEASE NOTE:

Communications on behalf of the patient must be sent from, and responses will be received in, the patient's LCOH MyChart account record. LCOH MyChart email alerts will be sent to the email address entered in the patient's LCOH MyChart account record.

You are responsible for providing the correct email address for yourself and any Proxies. We are not responsible for the possible compromise of protected health information sent via encrypted email to incorrect email addresses you have provided.

REQUEST:

To request access to the LCOH LCOH MyChart record of a patient whose medical/behavior health care you help manage, please complete all requested information below. Please note that the patient's chart will be accessed through your (the proxy's) LCOH LCOH MyChart record. Completing this form may establish an LCOH MyChart record for you and for the patient. I have read and understand the requirements and procedures regarding accessing a patient's/minor child patient's LCOH MyChart account above. All information I have provided is correct. I hereby request proxy access to the following individual's LCOH MyChart account record.

Complete this section with information about the patient whose LCOH LCOH MyChart record you are requesting to access.

Name (*last, first, middle initial*) _____

Date of Birth _____

Email: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____

AUTHORITY OF PROXY

_____ I am the Patient's Power of Attorney

_____ I am the Patient's (circle one): Father / Mother / Legal Guardian

_____ I am the Patient's family/caregiver (describe any family relationship: _____)

_____ I am Other: _____

Do you have an active LCOH MyChart account: _____ Yes _____ No _____ Don't Know

I understand that:

- I must have a LCOH MyChart account or LCOH staff will establish a LCOH MyChart account for me.
- I must log in to LCOH MyChart with my own User ID & Password.
- I must click on 'View Other Records' to access a patient's/my minor child's LCOH MyChart account record.
- I agree to abide by the terms and conditions on the LCOH MyChart site.
- **LCOH MyChart is not to be used in an emergency.**

Your (Proxy) Signature

Date Signed

PATIENT'S OR LEGAL GUARDIAN'S AUTHORIZATION FOR PROXY ACCESS

I acknowledge and agree that:

- I authorize release of this information only through my LCOH MyChart record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.
- I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by federal privacy protections.
- Participation in LCOH MyChart and designating a LCOH MyChart proxy is voluntary. I understand that I am not required to designate a LCOH MyChart proxy and I am not required to provide this authorization. I also understand that the Lindner Center of HOPE does not condition any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, the Lindner Center of HOPE is not permitted to provide access to my LCOH MyChart record to my designated proxy.
- I understand that if I no longer want the proxy to have access to my LCOH MyChart account, I may revoke his/her access in my LCOH MyChart account under My Family's Records or in writing by sending a request to:

Lindner Center of HOPE
Health Information Management
4075 Old Western Row Rd
Mason, OH 45040

- I understand that if I revoke this authorization, my designated proxy's access to my LCOH MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

Signature of Patient or Legal Guardian _____

Date of Signature _____

Please return signed proxy consent form to your provider's office.

OR

You may also email this proxy consent form to: patient.records@lindnercenter.org

OR

You may also mail this signed proxy consent form back to the Health Information Management Department.

Lindner Center of HOPE
Health Information Management
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Mason, OH 45040