Adult Proxy Form

Request and Authorization to Establish Proxy Access to my Interactive Health Record (MyChart Account)

- I am requesting and authorizing Allina Health to release all health information in my MyChart Account to the proxy I designate below.
- I understand and agree to the following:
- This authorization covers my proxy accessing my health information only in MyChart; it does not authorize the release of my health information by other methods or in other forms.
- By designating an individual as a proxy in my MyChart account, the individual is able to make appointments on my behalf, as well as make appointments with my health care providers about my health care without my knowledge or my presence at the appointment.
- These appointments may generate a charge that is billed to my insurance, or if I do not have insurance, to me.
- These appointments may not be a covered benefit in my health plan. If they are not, I will be responsible for the cost of these appointments.
- My proxy's access to my MyChart Account will be accessed through the proxy's own MyChart Account.
- My medical information in MyChart may include information from all facilities listed in Allina Health's Notice of Privacy Practices.
- Accessing MyChart and designating a proxy is voluntary. Allina Health does not condition any of my health care treatment, payment or other services on whether I provide this authorization.

Proxy information: (all sections required – please print clearly)

I am designating the following individual as my proxy.

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

Last 4 digits SSN: _____ Date of birth: _____

Street address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Phone number: _____

Check the box next to the organization where **your proxy** has a MyChart Account, or if they do not have an account, the one that provides your proxy's primary care (this information is needed since your proxy will access your MyChart Account through their own MyChart Account):

- ☐ Allina Health
- ☐ Cuyuna Regional Medical Center
- ☐ Glencoe Regional Health Services
- ☐ River's Edge Hospital & Clinic
- ☐ Riverwood Healthcare Center
- ☐ St. Croix Regional Medical Center
- ☐ The Urgency Room
- ☐ Welia Health
- ☐ W. WI Health/Baldwin Area Medical Center

Patient information: (all sections required – please print clearly)

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

Last 4 digits SSN: _____ Date of birth: _____

Street address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Phone number: _____

Check the box next to the organization where **you** have your MyChart Account (typically where you receive your primary care):

- ☐ Allina Health
- ☐ Cuyuna Regional Medical Center
- ☐ Glencoe Regional Health Services
- ☐ River's Edge Hospital & Clinic
- ☐ Riverwood Healthcare Center
- ☐ St. Croix Regional Medical Center
- ☐ The Urgency Room
- ☐ Welia Health
- ☐ W. WI Health/Baldwin Area Medical Center

▶ _____

Proxy signature *(required)* **Relationship to patient** **Date** *(required)*

I acknowledge that I have read and understand this adult proxy form. I agree to its terms and choose to designate the personnamed above as my proxy, thereby allowing them access to my interactive health record and the ability to make appointments on my behalf.

▶ _____

Patient signature (or authorized person) *(required)* **Relationship to patient** **Date** *(required)*

Send your form by mail (please do not deliver in person) to: 49000 Allina Health Customer Experience Center, 8880 Evergreen Blvd, Coon Rapids, MN 55433 or fax to: 612-262-1424

NOTE: Authorization expires five years from the date of signature (above). This release of health information form must be submitted every five years to renew proxy access. You also may deactivate the access of the adult proxy specified above at any time through your Allina Health account or by providing a written request to your primary clinic. My cancellation will not affect any accesses my proxy made to my MyChart account prior to my cancellation request being processed.

S410868 B 256985 06/22