



## CONSENT FOR MYCHART PROXY ACCESS

Confidential Health Information Access Authorization for a Patient 12 -17 Year-Old

### Patient Information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Important Information Regarding Full Proxy Access:

- Under Wisconsin and federal law, certain sensitive health information (including reproductive health services, STI testing and treatment, alcohol or drug use treatment, and some mental health services) may not be accessible to proxies without the minor's specific consent. These categories of information will be automatically withheld from proxy access unless otherwise permitted.
- Information shared with my proxy through MyChart may no longer be protected by HIPAA once disclosed and may be re-disclosed by the proxy.
- You may revoke this consent at any time by submitting a request through MyChart, contacting your clinic, or providing a written revocation.
- This authorization will remain in effect until it is revoked or until the patient reaches age 18, at which time access will be automatically terminated unless the patient reconsents as an adult.

### Proxy (Parent/Guardian) Information:

Full Name of Proxy (Parent/Legal Guardian): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Full Name of Proxy (Parent/Legal Guardian): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Patient: \_\_\_\_\_

### Type of Access Requested:

- ☐ **Full Access** – View and manage child's health records, send/receive messages, request appointments, view test results, and access visit summaries.

*I hereby consent that my healthcare information may be shared via MyChart with the proxy listed above and I understand that information shared with my proxy through MyChart may no longer be protected by HIPAA once disclosed and access will remain until it is revoked by myself.*

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_