



# Proxy Request

Page 1 of 1

To share your MyChart (patient portal) information with others (proxy), please complete this form. You may be contacted by the Regional Health Portal team to complete the verification process.

Please return the completed form in person at your doctor's office or to a Regional Health – Health Information Management Department. You can also send the completed form to Health Information Management via email [MyChartProxy@regionalhealth.org](mailto:MyChartProxy@regionalhealth.org), fax to (605) 755-2064, or mail to Regional Health – Health Information Management Department, 353 Fairmont Blvd., Rapid City SD, 57701. (Please be aware that information sent via e-mail is not secure and could be misdirected or intercepted in transmission.) Proxy will remain in effect unless revoked or in the case of a minor's change in age (see 'To Revoke Proxy' below).

**By signing the form below**, you understand and consent that records accessed by your proxy may be re-disclosed without your knowledge and are no longer protected by state or federal privacy regulations. You further understand and consent that information in MyChart may include treatment and testing regarding drug/alcohol abuse, mental health, HIV status, genetic testing and reproductive medicine.

**Patient:**

The MyChart proxy will access.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Patient Signature (Age 12 and Older): \_\_\_\_\_ Date/Time: \_\_\_\_\_

**If the patient is 12 and older, the patient must sign to approve the proxy.**

**Request Proxy:** Please list the person you are granting permission to view your MyChart. You will need to complete all of the information below before proxy access can be granted. Your designated proxy will not have access to your MyChart records until all information is received.

**Proxy:**

Person who will be accessing the patient's MyChart.

Proxy Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Proxy's E-Mail Address: \_\_\_\_\_

Proxy Signature (optional): \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Access Granted:**

only select one

Full access – includes 'Bill Pay'  View only  Update demographics and insurance – no clinical access

Send message, schedule appointments, update demographics and insurance – no clinical access

**To Revoke Proxy or a Change of Proxy:** If you are requesting access to the MyChart of a child age 11 or younger, then the access will automatically expire when the child turns 12 years old or becomes legally emancipated. If a minor, age 12-17, grants MyChart access to a proxy, then the access will automatically expire when the minor turns 18. Access may also be revoked when parental rights have been restricted or when required by law.

The patient or proxy may, at any time, revoke the proxy's access by contacting the MyChart Patient Portal Hotline at (605) 755-9890 (Toll Free: 866-383-9245) and filling out the proxy revocation form.

**OFFICE USE ONLY:**

ID Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Date Completed	Caregiver Name PRINT
--	---------------	----------------	----------------------