INOVA
ValleyHealth

4PROXY

In a proxy relationship, two people are involved.

- **Patient** – The person whose medical information is being accessed.
- **Proxy** – The person who needs access to medical information in order to help manage the care of another.

This form will allow you to request access to the patient's medical information for the timeframe indicated below. This access will be via a patient portal called MyChart.

Requested Access (✓)	Patient Age	Access Parameters	Validity Timeframes
	Newborn/Child under age 14	The parent or legal guardian may request access on behalf of the newborn/child.	Valid until the patient turns 14.
	Teen between ages 14 and 17	The teen may sign, giving access to a parent or legal guardian. Teens must also establish a MyChart account which requires parental permission.	Valid until the patient's 18th birthday, or until revoked by the patient.
	Adult age 18 and older or emancipated minor	The patient and the proxy must sign the form or provide a Medical Power of Attorney.	Valid until revoked by the patient.

Patient Information (person whose medical information is being accessed)

Patient Name (last, first, middle initial): _____ Medical Record #: _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Name(s): _____ Date of Birth: _____

Home Phone #: _____ Mobile Phone #: _____ Email: _____

Physician: _____ Practice: _____

Proxy Information (person who needs access to medical information)

Proxy Name (last, first, middle initial): _____ Medical Record #: _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Name(s): _____ Date of Birth: _____

Home Phone #: _____ Mobile Phone #: _____ Email: _____

Do you have an active MyChart account? ☐ Yes ☐ No

Have you been a patient at an Inova or Valley Health facility? ☐ Yes ☐ No

Relationship to Patient:

☐ Spouse ☐ Custodial Parent ☐ Non-Custodial Parent ☐ Caregiver for Senior Patient

☐ Legal Guardian - This request must be accompanied by a copy of legal paperwork verifying the patient's personal representative.

☐ Durable Power of Attorney for Healthcare (DPOA) - This request must be accompanied by a copy of the legal paperwork verifying the patient's personal representative.

☐ Other (specify): _____

NOTE: All fields are required for proxy access to be granted and proper identification must be validated. Proxy access will NOT be granted without proper legal documentation, if required.

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ❑ Male ❑ Female

☐ Inova
☐ Valley Health

Proxy Access to Medical Records via MyChart

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I understand that:

- **MyChart is not an emergency response system and is not to be used for urgent and/or emergent messages.**
- Any patient above age 14 has a right to revoke this authorization at any time using the Family Access Settings in the online account. Revocation will not affect any disclosures that were made prior to processing the revocation request.
- The medical information in the patient's health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse.
- Authorizing the disclosure of this medical information is voluntary. The patient can refuse to sign this authorization. Inova or Valley Health will not condition any health care treatment, payment, or other services on whether this authorization is provided.
- Teen access requires the teen to have their own individual MyChart access.
- Teen access is governed by Virginia law. This document gives the proxy permission to view any medical information visible via MyChart.
- Medical information carries with it the potential for an unauthorized re-disclosure. If this occurs, the information may not be protected by federal confidentiality rules. If I have questions about disclosure of medical information, I can contact the Compliance Department at Inova 703-205-2337, or Valley Health 844-601-1872.
- This authorization must be filled out completely, signed and dated in order to be considered valid. Activation of the MyChart proxy access feature must occur within 30 days from the date of this authorization.
- MyChart proxy access automatically deactivates when a patient is marked deceased.

Terms and Conditions:

- MyChart is intended as a secure online source of confidential medical information. I understand that sharing of my MyChart ID and password is strongly discouraged as it may compromise personal medical information. If I were to share my MyChart ID and password with another person, that person may be able to view my, my spouse's, or my adult child's medical information, as well as the medical information of anyone who may have authorized me as a MyChart proxy. Inova and/or Valley Health are not liable for any breach of privacy that may result from such sharing.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from Health Information Management (Medical Records Department).
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by Inova and Valley Health as a convenience to their patients and that Inova and Valley Health have the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- By signing below, I acknowledge that I have read and understand this Proxy Access to Medical Records via MyChart form and the MyChart terms and conditions and I agree to all terms.

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ❑ Male ❑ Female

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MyChart Waiver: I agree on behalf of myself and the teen patient (if applicable) to waive and release the physicians, Inova or Valley Health, and its affiliated entities, and their officers, directors, employees, agents, successors, and assignees from any and all claims or causes of action that are in any way related to the use of MyChart.

Authorization to Release Protected Medical Information: I authorize Inova or Valley Health to release medical information via MyChart ONLY to the designated proxy. Any and all information, as allowed through MyChart, may be released.

I confirm that all of the information and signatures provided from both parties are correct and valid.

_____ _____ _____
Parent/Designated Decision Maker (signature) Date Time

_____ Relationship: _____
Parent/Designated Decision Maker (print name)

If proxy access is to a patient age 14 or older, the person granting access to their MyChart must sign:

_____ _____ _____
Patient (signature) Date Time

Patient is not required/unable to sign because:

- ☐ Patient is a minor under age 14
- ☐ Medical Power of Attorney provided
- ☐ Other (specify): _____

Interpreter Information (To be completed by Inova or Valley Health staff, if applicable)**:**

☐ In person ☐ Telephonic ☐ Video Interpreter name/ID number (if applicable) _____

☐ Patient/Designated Decision Maker was offered and refused interpreter ☐ Waiver signed

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ❑ Male ❑ Female

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