



MyChart Family Access Form: For Patient 18 Years or Older

With Family Access, you can designate someone to view your health record using MyChart. This individual, called your Proxy, may be an adult family member, loved one, or another adult involved in your healthcare.

Designating another adult as your MyChart Proxy does not give them new rights to give or withdraw consent for your procedures, services, admissions, discharges, organ donations, autopsies, or life support, different from the rights they may or may not have today.

To designate another adult as your MyChart Proxy, you must complete this form. By signing this form, your Proxy will receive email notifications about your MyChart and be able to:

- View your Allegheny Health Network electronic health information in MyChart from physicians, hospitals, and other healthcare providers who use the Epic record. This will include information related to diagnosis and/or treatment of HIV, mental health, drug and alcohol-related conditions, pregnancy, and/or sexually transmitted diseases.
- Communicate with your healthcare providers regarding tests, treatments, medications, medical advice, and administrative issues using MyChart secure messaging.
- Request and schedule appointments on your behalf using MyChart.
- Complete health questionnaires and request changes to your health record on your behalf using MyChart.

MyChart billing and payment information is only visible to the guarantor of your insurance plan, using their MyChart account. Your Proxy will not be able to view or act on your billing or payment information using MyChart unless they are your guarantor.

By signing this form, my Proxy and I acknowledge the following:

- We have read and understand this MyChart Family Access Form and its terms and conditions and choose to make the designated adult named on this form a MyChart Proxy of the patient's health record.
- The patient's treatment will not be affected in any way, whether we sign or do not sign this form. Signing this form is not required to receive treatment.
- The designated adult named on this form will remain a MyChart Proxy to the patient's health information until one of the following occurs:
 - The patient terminates the Proxy relationship on the My Family Access Page of MyChart, during a visit with their doctor, or by calling the Department of Data Integrity at 412-3305399.
 - The Proxy terminates their relationship with the patient by calling the Department of Data Integrity at 412-330-5399.
 - We specify a date below when the Proxy relationship will be automatically terminated.
 - The patient dies, and the Proxy relationship is automatically terminated.
- The patient may terminate the Proxy relationship at any time for any reason. Any of the patient's electronic health information that is viewed or printed using MyChart before the patient terminates the Proxy relationship cannot be taken back.
- Allegheny Health Network reserves the right to revoke the Proxy's ability to view the patient's health record using MyChart at any time, for any reason.
- If the Proxy rediscloses the patient's protected health information, Allegheny Health Network is not liable for such redisclosure.

Expiration Date for Proxy Relationship (Optional): _____

Patient

Complete the information below.

Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip Code: _____

Email Address: _____ Phone: _____

Signature: _____ Date: _____

Patient Representative

If signing on behalf of the patient, complete the information below and attach the appropriate documentation specifying your relationship to the patient and your authority to act.

Name: _____

Signature: _____ Date: _____

Designated Adult

Complete the information below.

Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip Code: _____

Email Address: _____ Phone: _____

Signature: _____ Date: _____

Please send your completed form to the Allegheny Health Network Department of Data Integrity:

Mail to: Health Information/Medical Records

Attn: Data Integrity

1301 Carlisle Street

Natrona Heights, PA 15065

Fax to: 724.226.7494

Email to: dataintegrity@ahn.org