

Patient Label

**Sentara Healthcare
MyChart Teen Proxy Access
HIPAA Authorization**



- A Proxy is a person who can view patient information as if they were you.
 - **All of your medical information that is made available in MyChart will also be made available to your proxy if you sign this Authorization.**
 - If there is information that you do not want your proxy to see, then you should not sign this Authorization.
 - This form is an Authorization that will permit Sentara Healthcare and your physician to release medical information about you to your MyChart proxy.
- A Parent, Legal Guardian or Personal Care Representative may be granted FULL access to medical records with Proxy Access. The teenager and parent/guardian/representative must sign the HIPAA Authorization.
- Each parent or legal guardian of the teenager must have their own MyChart account to establish the Proxy relationship. Proxy access to a teenager's account will automatically terminate once the teenager turns **eighteen (18)**.
- Proxy can be revoked at any time by the teenager.
- If the teenager wants to provide proxy access to his/her legal guardian(s), the request must be accompanied by a copy of all legal documentation verifying the individual's status as legal guardian.
- In the best interest of the teenager a parent/legal guardian may revoke consent to electronic medical record access.

(Note that it is possible that this may include psychiatric or mental health records, records of evaluation and treatment for alcohol or drug abuse, sexually transmitted diseases, HIV/AIDS, family planning and genetic testing.)

Purpose of the disclosure: To allow my MyChart proxy to view my medical information.

Teenager/Patient Information:		
Name:	Date of Birth:	SSN/MRN
Address:		
Email Address:		

Parent/Legal Guardian Information:		
Name:	Date of Birth:	SSN/MRN
Address:		
Email Address:	Relation to Patient:	

This Authorization is valid until I reach the age of eighteen (18). I may submit a written request to remove a Proxy at any time. I understand that a revocation is not effective for uses and disclosures of my medical information that have already been made or other actions that have been taken in reliance on this Authorization or as required by law. I understand that I am entitled to a copy of this Authorization and that I may review a copy of Sentara Medical Group's and my physician's Notice of Privacy Practices at any time by visiting www.sentara.com/Policies/Pages/NoticePrivacyPractices.

I accept these terms and authorize Sentara Healthcare and my physician to make my MyChart medical information available to my MyChart proxy.

Patient Signature Date:

Parent/Legal Guardian Signature Date:

* Notice to recipients of Alcohol & Drug Abuse information: The confidentiality of alcohol and drug abuse patient records maintained by Sentara Healthcare, and disclosed to you pursuant to this authorization, is protected by Federal law and regulations (see 42 U.S.C. § 290dd-3 and 290ee-3, and 42 C.F.R. pt. 2). Generally, you may not further disclose the identity of the patient, or any information identifying the patient as an alcohol or drug abuser, unless: (a) the patient consents in writing; (b) the disclosure is allowed by a court order; or (c) the disclosure is made to medical personnel in an emergency care situation or to qualified personnel for research, audit, or program evaluation purposes. Violation of Federal laws or regulations is a crime. Suspected violations should be promptly reported to appropriate authorities, in accordance with Federal regulations. Federal laws and regulations do not protect any information about a crime committed by a patient or about any threat to commit a crime. Federal laws and regulations also do not protect information about suspected child abuse or neglect from being reported under State law or regulations to the appropriate State or local authorities.