



1108 Ross Clark Circle, Dothan, AL 36301  
334-793-8111

In order to grant Adult to Adult proxy access, the patient or authorized representative of the patient and the proxy must complete this form in its entirety. The proxy and patient information need to be provided in Section 1. The patient and proxy need to sign page 2 and page 5 of this form.

**Section 1: Adult Proxy Request**

To request access to the MyChart record of an adult patient whose medical care you help manage, please complete this section. The patient must sign this form on page 2 to grant proxy access and provide authorization for release of medical information in the MyChart record. Please note that the patient's chart will be accessed through your (the proxy's) MyChart record. Completing this section will establish a MyChart record for you and for the patient.

**Your Information (person requesting proxy access)**

**This section should be completed by the individual requesting access to another adult's MyChart record**

**\*\*All information required - please print clearly\*\***

Proxy Name (last, first, middle initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Patient Information**

**Complete this section with information about the patient whose MyChart record you are requesting to access**

**\*\*All information required - please print clearly\*\***

Patient Name (last, first, middle initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**PLEASE BE SURE TO SIGN PAGES 2 AND 5 OF THIS FORM**

**Section 2: Adult Proxy Authorization for Release of Information (to be filled out by PATIENT)**

This section is an authorization that will permit Southeast Health to release your medical information to your designated adult proxy. Please read it carefully.

This section should be completed by the patient who is authorizing an adult to access medical information in his or her MyChart record. It must accompany the Adult Proxy Request on page 1 of this form, which provides the name and information of the individual whom the patient is authorizing to access their MyChart record as a proxy.

Patient Name (last, first, middle initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am requesting that (insert name of proxy) \_\_\_\_\_ receive access to my health information that is available in my Southeast Health MyChart record. This person is my designated MyChart proxy. I authorize Southeast Health to release the health information contained in my MyChart record to my MyChart proxy. I understand that the medical information in MyChart is obtained by my electronic medical record and may include information from Southeast Health Medical Center and all Southeast Health clinics. I authorize release of any information contained in my MyChart medical record held by Southeast Health to my designated proxy.

I authorize release of this information only through my MyChart record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.

I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the information may not be covered by federal privacy protections.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a proxy and I am not required to provide this authorization. I also understand that Southeast Health does not condition any of my health care treatment, payment, or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, Southeast Health is not permitted to provide access to my MyChart record to my designated proxy.

I may revoke this authorization at any time by contacting my primary care physician or via MyChart. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

I acknowledge that I have read and understand this MyChart sign-up form. I agree to its terms and choose to designate the person named above as my MyChart proxy, thereby allowing them access to my MyChart medical record.

\_\_\_\_\_  
PATIENT / Authorized Person Signature Date

\_\_\_\_\_  
Relationship to patient (if authorized person)

If person other than the patient signs, indicate authority to sign (e.g. guardian) and attach documentation

**NOTE:** Authorization remains in effect until you deactivate the access of the adult proxy specified above at any time through MyChart or by contacting your primary care physician.

\_\_\_\_\_  
ADULT PROXY Signature Date

\_\_\_\_\_  
Relationship to patient

**PLEASE BE SURE TO SIGN PAGE 5 OF THIS FORM**

## My Chart Terms and Conditions

Southeast Health is pleased to offer you information via a web-based version of its computer systems called MyChart. You acknowledge and agree to abide by Southeast Health's MyChart Terms and Conditions of Use for access and use of the MyChart application. Such acknowledgement and agreement is signified by either signing these Terms and Conditions of Use below and delivering the executed copy to your Southeast Health medical provider, or by clicking "Accept" in connection with your online registration for a MyChart account. Your agreement to abide by any changes to these Terms and Conditions of Use shall be signified by your continued use of the MyChart application after such changes are implemented. It is your responsibility to check these Terms and Conditions of Use for any revisions. Southeast Health grants you a limited license to use MyChart and the services associated with the MyChart application in accordance with these Terms and Conditions of Use. This license expressly excludes, without limitation, any reproduction, duplication, sale, resale, or other commercial use of MyChart or its services. All rights not expressly granted by these Terms and Conditions of Use are reserved by Southeast Health and its third-party licensors.

### What is MyChart?

- MyChart is an internet service that allows patients to have secure web-based access to portions of their electronic medical record.
- MyChart is designed as a secure internet-based environment through which you may receive confidential medical information about yourself.
- Once you sign up for MyChart, you will create your own MyChart username, password and password recovery hint.
- Do not use MyChart to report urgent medical matters. **FOR ALL URGENT MEDICAL MATTERS, CONTACT YOUR PHYSICIAN'S OFFICE, GO TO AN EMERGENCY ROOM AND/OR CALL 911.** Never send any messages requiring urgent attention using MyChart. Delays can occur based upon, but not limited to, volume and availability of staff, the complexity of your condition, or technology occurrences outside of Southeast Health's control.

### Password Guidelines

- Please **DO NOT SHARE** your password with anyone. The individual MyChart username and password you choose when you first sign in to MyChart are the keys to protecting the confidentiality of your information.
  - You are responsible for remembering your MyChart username and password and for keeping them confidential.
  - The Southeast Health MyChart Support team may request your username as a form of identity verification, but the Support team will **NEVER** ask you for your password. If you are asked to provide your password to anyone else, do not provide it.
- Activation Guidelines
- You **MUST** provide us with your email address when activating your MyChart account and keep your email address current via the Profile/Notifications link in MyChart.
  - No confidential information will be sent to your email, but you will receive email notification when new information is available in your MyChart account. Although no private medical information will be sent, the notification that new medical information is available by accessing MyChart may be information that a patient would not want others to know. Thus, patients should take this into account when providing an e-mail address.
  - You therefore **MUST** verify and update your email address via the Profile/Notifications link to ensure that you receive notification of newly released information in a timely manner.

### Communication Process

- Once you have activated your MyChart account, MyChart will become a vehicle through which you may receive important messages from your primary care physician and/or other specialists offering the MyChart service. These include selected test results and other personal medical information.
- Please be sure to check your email on a regular basis and update any changes to your email address in your MyChart account.

## MyChart User Responsibilities

By accessing or using MyChart, you agree to be bound by these Terms and Conditions of Use and Notice of Privacy Practices, at [https://www.southeasthealth.org/wp-content/uploads/Southeast-Health-Form-Privacy-Notice\\_original.pdf](https://www.southeasthealth.org/wp-content/uploads/Southeast-Health-Form-Privacy-Notice_original.pdf). It is important to review these Terms and Conditions of Use and the Notice of Privacy Practices periodically, as Southeast Health may modify these Terms and Conditions of Use and the Notice of Privacy Practices at any time, and you agree that such modifications are effective and binding immediately upon posting of the modified versions.

You agree that MyChart is a communication service offered as a convenience to Southeast Health's patients. You understand that it provides you with online access to portions of your electronic medical record and that you are solely responsible for any sharing of MyChart content that you intentionally or unintentionally communicate to others. You understand that your messages will be routed to the appropriate department as necessary for handling, and therefore employees other than your healthcare provider may be involved in addressing your request. Therefore, use of MyChart may not be appropriate if there is sensitive information that you would only wish to discuss directly with your provider.

You understand that you may receive messages, test results and other communications delivered via MyChart. Therefore, you may not receive duplicate written reports of this information. You understand that not all your medical information may appear on your MyChart and that the health information displayed in MyChart may not comprise your entire medical record. Posting of information is at the discretion of your individual physicians. Information contained in MyChart may be changed or updated without notice. Southeast Health assumes no responsibility for how you use the information you obtain from MyChart. You should consult with a physician or other health care provider regarding your own condition and how the information in MyChart applies to you. MyChart access is not a substitute for consultation with your physician.

## Prohibited Uses

You are solely responsible for any and all acts and omissions that occur under your account or password, and you agree not to engage in unacceptable use of MyChart, which includes, without limitation, use of MyChart to: (a) disseminate or transmit material that, to a reasonable person may be abusive, obscene, pornographic, defamatory, harassing, grossly offensive, vulgar, threatening or malicious; (b) disseminate, store or transmit files, graphics, software or other material that actually or potentially infringes the copyright, trademark, patent, trade secret or other intellectual property rights of any person; (c) interfere, disrupt or attempt to gain unauthorized access to other accounts on MyChart or any other computer network; (d) disseminate, store or transmit viruses, Trojan horses or any other malicious code or program; and/or (e) violate any statute, law, rule or regulation or otherwise violate the legal rights of a third person.

You can discontinue your use of MyChart at any time by contacting the IS Helpdesk at 334-793-8088. If Southeast Health determines that you have violated the Terms and Conditions of Use and/or abused the use of MyChart, Southeast Health reserves the right, at its sole discretion, to discontinue your use of MyChart. You will be notified if your access to MyChart is discontinued.

## Transmission Security

The MyChart website uses encryption software. While Southeast Health uses state-of-the-art security, no system can perfectly guard against risks of intentional intrusion or inadvertent disclosure of information. When using MyChart, information will be transmitted over a medium that is beyond the control of Southeast Health and its contractors. YOU HEREBY EXPRESSLY ASSUME THE SOLE RISK OF ANY UNAUTHORIZED DISCLOSURE OR INTENTIONAL INTRUSION, OR OF ANY DELAY, FAILURE, INTERRUPTION OR CORRUPTION OF DATA OR OTHER INFORMATION TRANSMITTED IN CONNECTION WITH THE USE OF THIS SERVICE AND AGREE THAT MYCHART IS NOT ERROR-FREE. Once the information is received by Southeast Health, your medical information will be treated as confidential and given the same protection that all other Southeast Health medical records are given.



# MyChart - Adult Proxy Access Form

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### Disclaimer of Warranties

EXCEPT AS OTHERWISE EXPRESSLY PROVIDED HEREIN, MYCHART IS PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND, EXPRESS OR IMPLIED. YOUR ACCESS TO AND USE OF MYCHART IS AT YOUR SOLE RISK. SOUTHEAST HEALTH DOES NOT WARRANT THAT YOUR USE OF MYCHART WILL BE UNINTERRUPTED OR ERROR FREE, NOR DOES SOUTHEAST HEALTH MAKE ANY WARRANTY AS TO ANY RESULTS THAT MAY BE OBTAINED BY USE OF MYCHART, NOR DOES SOUTHEAST HEALTH PROVIDE ANY WARRANTY RELATED TO THE TIMELINESS, SEQUENCE, ACCURACY, ADEQUACY OR COMPLETENESS OF ANY DOCUMENTS, MATERIALS OR INFORMATION PROVIDED THROUGH MYCHART. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, SOUTHEAST HEALTH DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, IN RELATION TO MYCHART. YOU UNDERSTAND AND ACKNOWLEDGE THAT YOU ARE SOLELY RESPONSIBLE FOR ENSURING YOUR COMPLIANCE WITH ANY AND ALL APPLICABLE LAWS.

### Limitation of Liability

SOUTHEAST HEALTH AND ITS AFFILIATES ARE NEITHER RESPONSIBLE NOR LIABLE TO YOU OR ANY OTHER PERSON FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL OR PUNITIVE DAMAGES (INCLUDING, WITHOUT LIMITATION, THOSE RESULTING FROM LOST PROFITS, LOST DATA OR BUSINESS INTERRUPTION) ARISING OUT OF OR RELATING IN ANY WAY TO MYCHART OR THE INTERNET GENERALLY, INCLUDING, WITHOUT LIMITATION, YOUR USE OR INABILITY TO USE MYCHART, ANY SITE RELATED SERVICES AND PRODUCTS, ANY CONTENT OR INFORMATION CONTAINED WITHIN MYCHART, ANY CHANGES TO OR INACCESSIBILITY OF MYCHART, DELAY, FAILURE, UNAUTHORIZED ACCESS TO OR ALTERATION OF ANY TRANSMISSION OR DATA, ANY MATERIAL OR DATA SENT OR RECEIVED OR NOT SENT OR RECEIVED, ANY TRANSACTION OR AGREEMENT ENTERED INTO THROUGH MYCHART, ANY DATA OR MATERIAL FROM A THIRD PERSON ACCESSED ON OR THROUGH MYCHART, AND/OR ANY THIRD-PARTY WEBSITE, WHETHER BASED ON WARRANTY, CONTRACT, TORT OR ANY OTHER LEGAL THEORY AND WHETHER OR NOT YOU ADVISED OF SUCH DAMAGES. YOUR SOLE REMEDY FOR DISSATISFACTION WITH MYCHART, ANY SITE-RELATED SERVICES AND/OR ANY THIRD-PARTY WEBSITES IS TO STOP USING MYCHART, THE WEBSITE AND/OR THE SERVICES. APPLICABLE LAW MAY NOT ALLOW THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THE ABOVE LIMITATION OR EXCLUSION MAY NOT APPLY TO YOU.

You agree to indemnify, defend and hold Southeast Health and its affiliates, employees, agents and personnel, harmless from any damages or claims arising out of or in any way related to your violation of these Terms and Conditions of Use or your use, access or misuse of MyChart or the information contained in it. You expressly assume the sole risk of any unauthorized access or disclosure of confidential health information pursuant to your MyChart use or misuse or your failure to secure your MyChart username and associated password.

*MyChart is a registered trademark of Epic.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient/Authorized Person Signature      Relationship to Patient      Date  
(if other than self)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Proxy Signature      Relationship to Patient      Date