



## To be completed by the PATIENT

who is authorizing additional access to their health care information at SEH.

(Does not apply to Legal Guardian, Power of Attorney, or 0-13 years old)

### AUTHORIZATION FOR ACCESS to my personal MEDICAL RECORD/PATIENT PORTAL

1. By signing this proxy request, I understand that I am giving my permission for Southeast Health to disclose my protected health information (PHI) through the MyChart record to my proxy.
2. I am requesting that my proxy have access to my PHI that is available in my Southeast Health MyChart record.
3. I authorize Southeast Health to release the health information contained in my MyChart record to my MyChart proxy.
4. 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.
5. 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.
6. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.
7. 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.
8. Participation in MyChart and designating a MyChart proxy is completely voluntary.
9. 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.
10. I understand that the age of majority in the state of Alabama is 19 and my proxy's access to my MyChart record will be available until I reach the age of 19, unless otherwise revoked.
11. I may revoke this authorization at any time by contacting my Southeast Health physician's office, the Southeast Health Medical Records Office, or a Southeast Health registration desk, or via MyChart. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended. I understand my revocation will not affect any disclosures that were made prior to processing the revocation request. I understand that termination of proxy access is not immediate. Southeast Health will use its best efforts to terminate access within ten (10) business days of receiving notification. Additionally, I understand that I may mail the revocation in writing to Southeast Health, Medical Records Department, 1108 Ross Clark Circle, Dothan, AL 36301.
12. I acknowledge that I have read and understand the MyChart Proxy Authorization form. I agree to its terms and choose to designate the person named on this form as my MyChart proxy, thereby allowing *them* access to my MyChart medical record.

Please check one  COMPLETE ACCESS  RESTRICTED ACCESS  
(Required)

### Adult or Minor Patient 14-18 years old

By signing below, I acknowledge and agree to comply with the **Southeast Health MyChart Terms and Conditions**, located at <https://bit.ly/3GLvF17>, as they may be revised from time to time, without further notice:

X

\_\_\_\_\_  
Adult or Minor Patient Signature (Required)

\_\_\_\_\_  
Relationship to Proxy  
(Required)

\_\_\_\_\_  
Date  
(Required)

## To be completed by the PROXY

**REMINDER:** Copy of any legal documents must be attached to this form when submitted for processing. Incomplete forms will not be accepted.

### By signing below, parent or legal guardian acknowledge and agrees:

- ➔ I have parental rights or legal guardianship rights to access the Minor's MyChart Record.
- ➔ I have not been denied periods of physical placement with the Minor and there are no court orders or restraining orders in effect limiting my access to this Minor's medical records and/or information.
- ➔ Communications on behalf of the Minor through MyChart must be sent from the Minor's record and be received in the Minor's record. MyChart e-mail alerts will be sent to the e-mail address entered under the Parent/Legal Guardian ("Proxy") Information.
- ➔ For a Minor age zero to 13 years, I will be granted full access to the Minor's MyChart record. On the Minor's 14th birthday, a new MyChart Proxy Authorization form must be completed.

### LEGAL GUARDIANS:

All documents, if any, I have provided in support of my request to access the patient's protected health information, are true and correct copies and are the most recent documents related to this matter. When my legal authority to act on behalf of the patient has been inactivated, revoked, terminated, or expired, I must immediately notify SEH in writing of the change in authority & the date it became effective, and mail it to: Southeast Health, Medical Records Department, 1108 Ross Clark Circle, Dothan, AL 36301.

### Proxy

By signing below, I acknowledge and agree to comply with the **Southeast Health MyChart Terms and Conditions**, located at <https://bit.ly/3GLvF17>, as they may be revised from time to time, without further notice:

X

\_\_\_\_\_  
Proxy Signature (Required)

\_\_\_\_\_  
Relationship to Adult or Minor Patient  
(Required)

\_\_\_\_\_  
Date  
(Required)