

**Adult
Proxy**

MyHealth Access - Adult Patient Proxy Authorization

A proxy authorization means that you give another person full access to your MyHealth medical record through an online MyHealth account. They can email your doctor's office, refill your prescriptions, schedule appointments and do e-visits through MyHealth. It is as if they were you. This might be a parent, spouse or adult child who helps you take care of your health. You must complete the whole form.

For Office use only
Medical Record # _____

Please print clearly.

Patient Information:

Patient Name: **last,* _____ **first,* _____ **middle initial,* _____
*Date of Birth: _____ Age: _____
*Street Address: _____ *City: _____ *State: _____ *Zip: _____
Phone Number: _____

Proxy Information: You must complete a separate form for each proxy request.

Proxy Name: **last,* _____ **first,* _____ **middle initial,* _____
*Date of Birth: _____ *SSN Last Four Digits: _____ *Phone: _____
*Street Address: _____ *City: _____ *State: _____ *Zip: _____
*Relationship to the Patient: _____

Essentia Health can release health information for the patient to the proxy listed above through an online MyHealth account. The proxy listed above can email the patient's doctor's office, refill the patient's prescriptions and schedule appointments for the patient through MyHealth. I understand that:

- The person who will be my proxy will have full access to my MyHealth medical record, can email my doctor's office, refill my prescriptions, schedule my appointments, and initiate e-visits through an online MyHealth account. This authorization is good for one year. I will need to sign a new form each year to renew access.
- I can change my mind about proxy access to MyHealth at any time. I will need to let Essentia Health know in writing. When Essentia Health gets the note, the change will be made no later than the next business day. The change will not apply to information that has already been released before the effective date.
- Essentia Health cannot be responsible for the privacy of information given to the proxy. Essentia Health cannot prevent the proxy from giving information to another person. At that time, the information is no longer protected by federal and state privacy rules.
- If I do not sign this form, Essentia Health will still provide medical treatment to me. This form will not affect payment, enrollment, and eligibility for benefits.
- I must complete, sign, and date this form for it to be valid. A photocopy, fax or electronically scanned and transmitted image is the same as the original.
- I can have a signed copy of this form, at my request.
- To see my medical records in MyHealth, the proxy must use the code Essentia Health gives them to set-up the account. The proxy must accept the terms and conditions. The terms and conditions apply to each use.
- I choose MyHealth as my preferred way for Essentia Health to provide reminders about preventative and follow-up care to me. This does not include scheduled appointment reminders.

Signature of Patient

_____/_____/_____
Today's Date

Signature of Proxy

_____/_____/_____
Today's Date

*Required information

Mail, email or fax completed forms to the following address:

Essentia Health
Health Information Services, West Annex - HIS - 45
400 East Third Street Duluth MN 55805
Phone: 218-786-1366 (option 2) Fax: 218-786-6658
E-mail: MyHealthSignUp@EssentiaHealth.org

