

**Minor
Proxy**

MyHealth Access - Minor 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, and schedule your appointments through MyHealth. It is as if they were you. This might be a parent or guardian who helps you take care of your health. You must complete the whole form.

Please print clearly.

For Office use only
Medical Record # _____

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: _____
*Legal 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. It is understood that:

- For minors 0 to 11 years old, the proxy will have full access to the minor's MyHealth medical record until their 12th birthday.
- For minors 12 to 17 years old, if the minor does not sign this form, the proxy will only see a part of their MyHealth medical record.
- For minors 12 to 17 years old who sign this form, the proxy will have full access to their MyHealth medical record for one year. The proxy will need to fill out a new authorization form each year to renew access.
- Minors 12 to 17 years old can change their mind about proxy access to MyHealth at any time by letting 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.
- Minor Patient Proxy Authorization ends when a patient turns 18 years old.
- 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 treatment to the patient. This form will not affect payment, enrollment, and eligibility for benefits.
- You 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.
- You can have a signed copy of this form, at your request.
- For the proxy to gain access to your MyHealth account, the proxy must activate the account with the code they will be given. The proxy must confirm that they have read and agree to the Essentia Health MyHealth Terms and Conditions. These Terms and Conditions apply to each use.
- I designate my MyHealth account as my preferred method of communication to receive reminders about preventative and follow-up care (excludes scheduled appointment reminders).
- I understand additional medical records may be requested through the Essentia Health Release of Information office.

Signature of Minor between the age of 12-17 granting the Proxy full access to MyHealth

_____/_____/_____
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

