

Authorization for Proxy Access to KHN Patient's KHNMyChart Account

Requirements and Procedures

This form may be used to authorize proxy access to another person's KHNMyChart account for the following purposes:

1. Access by Power of Attorney of a patient;
2. Access by parent or legal guardian of a minor child patient under the age of 14 years old;
3. Access by a parent or legal guardian of a minor child patient age 14-17, with the written consent of the minor child patient; or
4. Access by caregiver or family member assisting with care of a patient.

The general requirements for proxy access to a KHNMyChart account record are:

- Each individual requesting access to a KHN patient's KHNMyChart account record must have their own KHN MyChart account or KHN clinic staff will set up account to allow access to the other person's KHNMyChart account record.
- If the individual requesting access does not have a KHNMyChart account, the KHN clinic staff will provide a KHNMyChart Activation Letter with instructions on how to create one.
- This Authorization Form must be completed and signed.
- KHN reserves the right to revoke proxy access to a KHNMyChart account record at any time.
- The appropriate box must be checked below.

Statement of person requesting proxy access -- I certify that I am (check one box, as applicable):

- Power of Attorney*
 - **Authorization:** Individual requesting access must be the Power of Attorney of the patient and must provide appropriate legal documentation of Power of Attorney to KHN.
 - **Revocation:** Power of Attorney access to a patient's KHNMyChart account record is revoked when the Power of Attorney or other legal documentation is revoked. The individual with access as Power of Attorney agrees that he/she will report the revocation or termination of Power of Attorney immediately to KHN. The Power of Attorney agrees that he/she will not seek access to the patient's KHNMyChart after revocation or termination of Power of Attorney and that doing so constitutes an illegal invasion of privacy.
- Birth Parent or Legal Guardian*
 - **Authorization:** Must be a birth/adoptive parent or other individual requesting access who has legal guardianship rights for the minor child patient. Individual requesting access as legal guardian must provide appropriate legal documentation of guardianship to KHN.
 - **Revocation:** Birth Parent or Legal Guardian access to a minor patient's KHNMyChart account record is revoked when:
 - Birth parent/legal guardian or child patient submits a request or revokes online.
 - Child patient turns 14 years old (parent/legal guardian must re-request access and child patient age 14-18 must consent to parent/legal guardian access to comply with Ohio law, which allows minors to consent to treatment without parental involvement in limited situations).
 - Automatically when the child patient turns 18 years old (continued access may be requested by resubmitting appropriate form for family/caregiver access).
 - Child patient advises KHN of his/her emancipated status.
 - Parent/parent or parent/child access disputes cannot be resolved.
- If all parent/legal guardian access to a child patient's KHNMyChart account record is revoked, the child patient's KHNMyChart access will also be revoked
- Family/Caregiver*
 - **Authorization:** Individual requesting access as family/caregiver must have signed consent from the adult patient.
 - **Revocation:** Family member or other caregiver access to a patient's KHNMyChart account record is revoked when the patient or physician submits a request or revokes access.

Additional Instructions and Agreement

Communications on behalf of the patient must be sent from, and responses will be received in, the patient’s KHN MyChart account record. KHNMyChart email alerts will be sent to the email address entered in the patient’s KHNMyChart account record.

When signed into another person’s KHNMyChart account record, a bar will appear indicating you are accessing the KHNMyChart account record of that person. This will serve a visual indication that you are in the proper KHNMyChart account record.

I understand that:

- I must have a KHNMyChart account or KHN staff will establish a KHNMyChart account for me.
- I must log in to KHNMyChart with my own User ID & Password.
- I must click on ‘View Other Records’ to access a patient’s/my minor child’s KHNMyChart account record.
- I agree to abide by the terms and conditions on the KHNMyChart site.
- **KHNMyChart is not to be used in an emergency.**

I have read and understand the requirements and procedures regarding accessing a patient’s/minor child patient’s KHNMyChart account above. All information I have provided is correct. I hereby request proxy access to the following individual’s KHNMyChart account record.

Please enter Patient’s/Child’s information below:

Patient/Child Name: _____ KHN Medical Record #: _____
 Address: _____ Social Security #: _____ - _____ - _____
 _____ Date of Birth: _____ Male ___ Female ___

Please enter Your information below:

Your Name: _____ KHN Medical Record #: _____
 Address: _____ Social Security #: _____ - _____ - _____
 _____ Date of Birth: _____

Relationship to Patient:

- _____ I am the Patient’s Power of Attorney
- _____ I am the Patient’s (circle one): Father / Mother / Legal Guardian
- _____ I am the Patient’s family/caregiver (describe any family relationship: _____)

Do you have an active KHNMyChart account: _____ Yes _____ No _____ Don’t Know

Signature

 Date Power of Attorney/Parent/Family-Caregiver Signature

 Date Witness Signature

Parental Access to the KHNMyChart of a Patient 14 to 17 Years Old

Birth Parent/Legal Guardian:

As a parent, you can request your child to have access to his/her online medical record. I am requesting that my child have access to their online medical record: _____ Yes _____ No

I agree to allow my child, named above, access to his/her medical information through KHNMyChart. I understand I may revoke this access at any time. I certify that I am the birth parent/legal guardian of the child identified above.

I have read and understand the requirements and procedures regarding accessing my minor child's KHNMyChart account record above. All information I have provided is correct. I hereby request continued proxy access to my minor child's KHNMyChart account record.

Date Birth Parent/Legal Guardian Signature

Date Witness Signature

Patient:

As the patient, I understand that:

- I have a KHNMyChart account or an account will be established for me upon my parent/legal guardian's request
- I must log in to KHNMyChart with my own User ID & Password
- To protect the privacy of my health information, I will not share my User ID and Password with anyone
- To have KHNMyChart access for myself, I must consent to at least one parent/legal guardian having KHNMyChart access to my account
- I agree to abide by the terms and conditions on the KHNMyChart site
- When I turn 18, parent/legal guardian access will be terminated
- **I recognize that KHNMyChart is not to be used in an emergency**

I have read and understand the requirements and procedures for accessing my medical record information through KHNMyChart. I agree to allow my birth parent/legal guardian, named above, online access to my medical information currently available and that may become available as a result of future medical care. I understand I may revoke this access at any time.

Date Patient Signature

Date Witness Signature