KONA COMMUNITY HOSPITAL
KOHALA HOSPITAL
KONA HEALTH: A DEPT. OF KCH

MyChart - Adult Proxy Authorization for Release of Medical Information

Select facility care was provided:
☐ Kona Community Hospital ☐ Kona Health (formerly Ali'i Health Center) ☐ Kohala Hospital

This form is an authorization that will permit West Hawaii Region using EPIC Electronic Health Record (EHR) system to release your medical information in your MyChart to your designated adult proxy. Please read it carefully.

This form should be completed by the patient who is authorizing another adult to access medical information in his or her MyChart record. It must accompany the Adult Proxy Request Form, which provides the name and information of the individual who the patient is authorizing to access their MyChart record as a proxy. If you need additional forms, you can download from:

Kona Community Hospital: https://kch.hhsc.org/mychart/

Please include a copy of a valid ID for both the patient and the proxy with this form.

Patient Name (last, first, middle initial): _____
*Last 4 digits SSN:*_____ *Date of Birth*_____ Phone: _____

I authorize _____ (insert name of proxy) access to my health information that is available in my MyChart powered by EPIC. This person is my designated MyChart proxy. I understand that the medical information in MyChart is obtained from my electronic medical record and may include information from all facilities, clinics and providers participating with MyChart powered by EPIC.

I authorize release of all health information contained in my MyChart to my designated proxy; including any of the following should it be contained in my MyChart: Acquired Immune Deficiency Syndrome (AIDS), ARC or HIV, alcohol and/or drug abuse treatment and/or behavioral or mental health services. I understand that this authorization applies only to the release of the information through my MyChart. 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 to my proxy through MyChart, it may be re-disclosed by the proxy and no longer protected by federal privacy regulations.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that WHR and my providers will not condition any of my health care treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.

This authorization will expire automatically one year from the date of my signature. I understand that I may revoke this authorization at any time by providing a written request for revocation to Medical Records at West Hawaii Region (WHR) (79-1019 Haukapila Street; Kealakekua, HI 96750). I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended within 5 business days of receipt of the revocation request. I also understand my revocation will not apply to any information that was already disclosed in reliance on this authorization.

_____

Signature of Patient (or Personal Representative) *Date of Signature*

*Printed Name:*_____

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

NOTE: Authorization expires one year from the date of signature (above). A new MyChart Proxy Authorization Form must be submitted each year to renew proxy access. You also may deactivate the access of the audit proxy specified above at any time through MyChart or by providing a written request to WHR Medical Records.

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MyChart - Adult Proxy Request Form

Access to Another Adult's MyChart Record

To request access to the MyChart record of an adult whose medical care you help manage, please complete this form. The patient or his/her legal representative must sign this form and provide authorization for release of medical information in MyChart on the "Adult Proxy Authorization Form." Please note that the patient's chart will be accessed through your (the proxy's) MyChart record. Completing this form will establish a MyChart record for you and for the patient.

Return completed forms to **West Hawaii Region (WHR)**, MyChart Medical Records, 79-1019 Haukapila Street; Kealakekua, HI 96750, email to releaseofinfokch@hhsc.org **OR FAX TO 808-481-4574. Please include a copy of a valid ID for both the patient and the proxy with this form.**

Your Information (All sections must be completed – incomplete forms will not be processed.)

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

*Name (last, first, middle initial):*_____ *Date of Birth:* _____

*Last 4 digits SSN:*_____*Email:*_____

*Street Address:*_____ *City:*_____ *State:* _____ *Zip:*_____

*Phone Number:*_____ *Primary Clinic/Provider:* _____

Patient's Information (All sections must be completed – incomplete forms will not be processed.)

Complete this section with information about the patient whose MyChart record you're requesting to access.

*Name (last, first, middle initial):*_____ *Date of Birth:* _____

*Last 4 digits SSN:*_____*Email:*_____

*Street Address:*_____ *City:*_____ *State:*_____ *Zip:*_____

*Phone Number:*_____ *Primary Clinic/Provider:* _____

I understand that:

- MyChart is intended as a secure online source of confidential medical information.
- MyChart is not to be used in an emergency.
- The use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- It is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way. If I share my MyChart ID and password with another person, that person may be able to view my or my child's health information, as well as information about any individual who has authorized me as a MyChart proxy.
- If I am authorized for proxy access to another person's record I must log in to my own MyChart account and click on "View Other Records" to access his/her record online.
- MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record.
- My activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- Access to MyChart is provided by West Hawaii Region (WHR) using Epic as a convenience to its patients and that WHR has the right to deactivate access to MyChart at any time for any reason.

• By signing below I agree to abide by the terms and conditions on the MyChart powered by EPIC. Terms and Conditions are also viewable within My Chart.

Your (Proxy) Signature (Required) *Relationship to Patient* *Date*

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.

Signature of Patient (or legal representative) (Required) *Relationship to Patient* *Date*