NCH MyChart allows an adult patient of Northwest Community Healthcare—as well as another adult appointed by that patient as a "proxy"—to access the patient's health information directly through a secure, web-based portal. To request "proxy" status (for example, to access the NCH MyChart record of an adult whose medical care you help manage), please complete and sign this form. Please note that the patient's chart will be accessed through the proxy's own NCH MyChart record. Completing this form will establish an NCH MyChart record for the proxy and for the patient (unless the patient has already established an NCH MyChart record). ***Return completed and signed form, in person, to the nearest NCH Medical Group provider office or the Patient Services desk of the main hospital.***

Patient Information (All sections required – please print clearly.)

Name of Patient

Last:_____ First:_____ Middle Initial:_____

Gender : _____Male _____Female Patient's Date of Birth: _____/_____/_____

Street Address :_____

City: _____State:_____ Zip:_____ Phone Number:_____

Authorized Proxy Information – Name of individual who will be granted access (All sections required)

Last:_____ First:_____ Middle Initial:_____

Gender: _____Male _____ Female Proxy's Date of Birth: _____/_____/_____

Relationship to Patient:_____ Email:_____

Street Address :_____

City: _____State:_____ Zip:_____ Phone Number:_____

NCH MyChart Terms and Conditions:

- I understand that NCH MyChart is intended as a secure online source of confidential medical information. If I share my NCH MyChart ID and password with another person, that person may be able to view my health information on NCH MyChart, as well as the health information about someone who has authorized me as an NCH MyChart proxy.
- I agree that 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.
- I understand that NCH MyChart contains selected, limited medical information from a patient's medical record and that NCH MyChart does not reflect the complete contents of the medical record. Patients may request a complete paper copy of their medical records. Request forms and instructions are also available at Northwest Community Healthcare's Patient Services Center, at www.nch.org, or from the patient's healthcare provider's office.
- I understand that my activities (as either a patient or a proxy) within NCH MyChart may be tracked by computer audit and that my entries may become part of the patient's medical record.
- I understand that access to NCH MyChart is provided by Northwest Community Healthcare as a convenience to its patients and that Northwest Community Healthcare has the right to deactivate access to NCH MyChart at any time for any reason. I understand that use of NCH MyChart is voluntary and I am not required to use NCH MyChart or to authorize an NCH MyChart proxy.
- I understand that Northwest Community Healthcare will make its best effort to provide a timely response to electronic inquiries. In some cases, the clinic staff that needs to respond to an electronic inquiry or other communication may not be immediately available, so a patient should allow at least 24 business hours for a response. Accordingly, emergency situations requiring immediate attention should not be submitted electronically and the patient should contact 911 immediately. Furthermore, with respect to any electronic communications sent by the patient, Northwest Community Healthcare is only able to respond to such communications based on the information provided by the patient. If there is insufficient information provided, Northwest Community Healthcare will be unable to provide accurate and reliable services.
- I understand that additional terms and conditions applicable to my use of NCH MyChart are set forth on the NCH MyChart portal, and I agree that my use of NCH MyChart constitutes acceptance of these terms and conditions.

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Northwest Community Hospital
Northwest Community Day Surgery Center II, LLC
NCH Medical Group
Arlington Heights, IL 60005

3 1 0 0 0 M Y C H R T

MYCHART ADULT PROXY REQUEST

NCH Item # 77040

Form # 001.246-12/16-1-PS

Adult Proxy Authorization for Release of Medical Information

This form is an authorization that will permit Northwest Community Healthcare to release your medical information 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 NCH MyChart record.

_____ _____/_____/_____

Patient Name (last, first, middle initial) **Patient's Date of Birth**

I am requesting that that _____*(name of proxy)* receive access to the information available in my Northwest Community Healthcare NCH MyChart Record. This person is my designated NCH MyChart proxy. I authorize Northwest Community Healthcare to release the health information contained in my NCH MyChart record to my NCH MyChart proxy. I understand that the medical information in NCH MyChart is obtained from my electronic medical record and may include information from all Northwest Community Healthcare facilities. I authorize release of the information contained in my NCH MyChart medical record held by Northwest Community Healthcare to my designated proxy based on the restrictions initialed below.

INITIAL ONLY ONE OF THE FOLLOWING:

_____ No Restrictions (all available NCH MyChart content/features)
(initials)

_____ With Restrictions (Immunizations, Allergies and ability to pay for NCH Services ONLY)
(initials)

I authorize release of this information only through my NCH MyChart record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms (e.g., paper). I understand that I have the right to inspect and copy any information released by Northwest Community Healthcare and that relates to my mental health, substance abuse, developmental disabilities, or genetic counseling services.

I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by federal or state privacy protections.

Participation in NCH MyChart and designating an NCH MyChart proxy is completely voluntary. I understand that I am not required to designate an NCH MyChart proxy and I am not required to provide this authorization. I also understand that Northwest Community Healthcare does not condition any of my treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, Northwest Community Healthcare is not permitted to provide access to my NCH MyChart record to my designated proxy.

This authorization will expire automatically five years from the date of my signature. I also may revoke this authorization at any time through my own NCH MyChart Account Settings. I understand that if I revoke this authorization, my designated proxy's access to my NCH MyChart record will be terminated. I also understand my revocation will not affect any releases of information that were made prior to processing the revocation request.

By signing below, I acknowledge that I have read and understand this NCH MyChart Adult Proxy Request Form and I agree to its terms.

_____ _____ _____

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

_____ _____

Signature of Patient or Authorized Person (*Required*)***** **Date** *(Required)*

***Please Note: Patient Signature is not required if Proxy provides court order appointing Proxy guardian of patient**

For NCH Use Only (*Please Print*):

Confirmed ID/Documentation (circle one): Yes No Name: _____ Date:_____

Scanned into Patient's Record (circle one): Yes No Name: _____ Date:_____

Proxy Access Status (circle one): Approved Denied Name: _____ Date:_____

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MYCHART ADULT PROXY REQUEST