

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

## Authorization for Adult Proxy Access to MyChart

I authorize and request OrthoCarolina (“OC”) to grant my designated personal representative identified below (Proxy) access to portions of my electronic protected health information, including, clinical and billing information, maintained through OC MyChart.

Proxy Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City

State

Zip

### Electronic Protected Health Information in OC MyChart

Secured Messaging  
Allergies  
Hospital Admission  
Diagnosis

Appointments  
Immunizations  
Medications  
Current Health Issues

Test Results  
Medical History  
Billing & Insurance

### I Understand That

- Information to be released in OC MyChart may include mental health, substance abuse or STD diagnosis, treatment or medications
- I may **revoke** this proxy authorization at any time by clicking the “Revoke access” button while logged into my OC My Chart account, by accessing the section titled “My Account,” and then opening the sub-section titled “My Family’s Records,” where I will see a list titled “Who can view my record?” Such revocation shall not affect disclosures prior to the revocation.
- Information disclosed pursuant to the authorization may be subject to **redisclosure** by the Proxy and may no longer be protected by the HIPAA Privacy Rule.
- This authorization is voluntary. If I do not sign or I revoke this authorization, OC will still provide treatment to me and will seek payment for services provided.
- This authorization is valid unless and until I revoke the Proxy’s access.

### Expiration

I understand that OC MyChart access is a privilege, not a right, and that my Proxy must agree to comply with the OC MyChart Terms and Conditions. OC will provide my Proxy an activation code and instructions for accessing electronic protected health information about me in OC MyChart. If my Proxy does not accept and comply with the Terms and Conditions, I understand that OC may deny my Proxy access or revoke my Proxy’s access to OC MyChart. I also understand that OC may deny my Proxy access or revoke my Proxy’s access for any reason and at any time in OC’s sole discretion.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

RETURN COMPLETED FORM TO:  
OrthoCarolina Health Information  
4601 Park Rd, Charlotte NC, 28209  
704-323-2778