

Patient Name: _____
Date of Birth: _____
Medical Record #: _____

**Adult Proxy for Incapacitated Adult  
OrthoCarolina MyChart Access Request**

This form should be completed by a person ("Proxy") who OrthoCarolina ("OC") determines to have medical decision-making power under NC law for patient identified below and has requested access to portions of the patient's electronic protected health information (ePHI) maintained through OC MyChart. Since the patient has been determined by his/her physician to be incapacitated, the patient will not have his/her own OC MyChart account.

**Patient Information:**

Patient Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**Proxy Information:**

Proxy Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**My Relationship to the patient is as follows:**

- \_\_\_ **Legal Guardian of the Patient** – Proxy must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the Proxy’s status as legal guardian of the patient.
- \_\_\_ **Activated Durable Power of Attorney for Healthcare (DPOA)** – Proxy must attach a copy of the valid Durable Power of Attorney for Healthcare and Physician Certification verifying the patient lacks decisional capacity.
- \_\_\_ **Activated Attorney in Fact** – Proxy must attach a copy of valid Attorney in Fact with executed powers to make health care decisions for the patient & an affidavit of patient’s incapacity.
- \_\_\_ **Spouse**

**By signing below, I acknowledge and agree that:**

- I will be using my OC MyChart proxy account to access only the above-referenced patient's ePHI.
- I will comply with the Terms and Conditions for OC MyChart
- The above-referenced documentation authorizes me to act as the personal representative for this patient, thereby allowing me access to his/her ePHI through OC MyChart.
- I have provided a picture ID and the above-referenced documentation.
- When my legal relationship with the patient changes in any way, I must immediately cease use of OC MyChart and notify OC in writing by calling OC Health Information Management at 704-323-2778 or writing to OC Health Information Management, 4601 Park Rd, Suite 250, Charlotte, NC 28209.
- If my legal authority arises out of DPOA or approved as Attorney in Fact has not changed in any way, my access to the patient's ePHI through OC MyChart will automatically expire one year from the date the Proxy relationship is created. I will then need to complete this form again to obtain access for another year.

<b>Proxy Signature</b>	<b>Relationship to Patient</b>	<b>Date</b>

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