Hamilton Health Sciences

Patient's Last Name | First Name

MRN | Visit Number

Date of Birth (yyyy/mm/dd) | Age | Gender ☐ M ☐ F

Address

City | Province | Postal Code

MyChart Proxy Attestation

At Hamilton Health Sciences, only a patient's parent or legal guardian can ask for a proxy account to be able to see the patient's health information in MyChart, for patients under the age of 16.

Providing access to my parent / legal guardian for patients <u>12 years of age or older</u> (or those who will turn 12 years of age in the next 6 months):

Patients 12 years of age and older can decide whether to provide express written consent to give their parent or legal guardian proxy access, or to continue to have proxy access that was previously granted. An email reminder will be sent to the parent or legal guardian with proxy access(six and two months prior to the patient's 12th and 16th birthdays) with a notice reminding them to complete this form with the Patient in order to ensure proxy access is maintained pursuant to the level of access indicated below.

Please note, when the patient turns either 12 or 16 years of age (within 6 months of signing up for MyChart), re-enrollment may not be needed and access will then remain.

The patient may deactivate their parent's or legal guardian's proxy's access at any time within the MyChart patient portal or by contacting the applicable Health Records Management department.

This section authorizes HHS to release personal health information to a patient's parent or legal guardian (proxy).

☐ I am requesting that my parent or legal guardian, receive **FULL ACCESS** to my health information available through MyChart.

☐ I am requesting that my parent or legal guardian, receive **RESTRICTED ACCESS** (to pay bills and schedule appointments only) to my health information available through MyChart.

- Name of Parent/Legal Guardian you would like to give access to: _____
- Does this Parent/Legal Guardian have an HHS MyChart account? ☐ Yes ☐ No
- Has this Parent/Legal Guardian been a patient at HHS before? ☐ Yes ☐ No

_____ _____ _____

Patient Printed Name | Signature | Date (yyyy/mm/dd)

For patients over 12 years of age who do not have the capacity to approve proxy access:

Authorizing healthcare provider: _____ _____

(Printed Name) | (Signature & Designation)

Hamilton Health Sciences

MyChart Proxy Attestation

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Providing access to my parent / legal guardian for patients 16 years of age or older (or those who will turn 16 years of age in the next 6 months):

In the event a Patient is, 1) at least 16 years of age, and 2) elects not to obtain a MyChart account for themselves, the Patient authorizes Hamilton Health Sciences to release personal health information to a patient's parent or legal guardian (Proxy).

Please note that if the Patient currently has a MyChart Account (for those Patients between 12 years and 16 years of age), they must make a selection below prior to the Patient's 16th birthday (otherwise the Proxy's access to MyChart may be revoked).

This section authorizes Hamilton Health Sciences to release personal health information to a patient's parent or legal guardian.

☐ I am requesting that my parent or legal guardian, receive **FULL ACCESS** to my health information available through MyChart.

☐ I am requesting that my parent or legal guardian, receive **VIEW ONLY ACCESS** to my health information available through MyChart.

☐ I am requesting that my parent or legal guardian, receive **access to SEND MESSAGES and SCHEDULE Appointment only,** through MyChart.

Name of Parent/Legal Guardian you would like to give access to: _____

Does this Parent/Legal Guardian have an HHS MyChart account? ☐ Yes ☐ No

Has this Parent/Legal Guardian been a patient at HHS before? ☐ Yes ☐ No

_____ _____ _____
Patient Printed Name | Signature | Date (yyyy/mm/dd)

For patients over 12 years of age who do not have the capacity to approve proxy access:

Authorizing healthcare provider: _____ _____
(Printed Name) | (Signature & Designation)

Hamilton Health Sciences

MyChart Proxy Attestation

Patient's Last Name | First Name

MRN | Visit Number

Date of Birth (yyyy/mm/dd) | Age | Gender ☐ M ☐ F

Address

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Adult Patients Lacking Capacity

If you are the legal representative for an adult patient who does not have capacity to have their own MyChart account or the capacity to consent to proxy provisioning, please complete this section in order to be provided access to the patient's MyChart account. **Please have the adult patient's healthcare provider sign at the bottom of this section to attest the adult patient does not have capacity to consent.**

My relationship to the adult patient is: ☐ Substitute Decision Maker (SDM)

☐ Power of Attorney for Health Care (POA) ☐ Legal Guardian (with Court Order)

☐ Other _____

Name of adult patient: _____

Name of legal representative requesting proxy access: _____

Does the legal representative have their own HHS MyChart account? ☐ Yes ☐ No

Has the legal representative been a patient at HHS before? ☐ Yes ☐ No

Authorizing healthcare provider: _____ _____
(Printed Name) | (Signature & Designation)

It is the responsibility of the Patient to ensure that Hamilton Health Sciences has the correct email address (to receive notifications) on file.

By signing this form, I agree to use, disclosure and sharing of personal and personal health information through the MyChart portal and I understand and agree to the Hamilton Health Sciences MyChart Terms and Conditions related to MyChart and release of information and proxy designation (if applicable), which is available at https://mychart.hhsc.ca/MyChartEpicPRD/Authentication/Login?mode=stdfile&option=termsandconditions

A copy of these Terms and Conditions can also be provided upon request.

Signature of Patient _____ Date (yyyy/mm/dd) _____

Printed Name _____ For proxy access request

Administration:

☐ Proxy access level of Medical Necessity provisioned for patient lacking capacity to consent

☐ Legal Relationship Documents received and uploaded to patient chart

☐ MyChart Proxy Attestation for the patient has been completed