OVERLAKE MEDICAL CENTER & CLINICS
1035 116TH NE, BELLEVUE, WA 98004

OVERLAKE MEDICAL CENTER & CLINICS
MultiCare

The below release of information is needed for proxy access. A proxy is a person who has been given permission to access the patient's MyChart account and medical information available within MyChart. Proxy access is available to the following: anyone an adult patient permits to be a proxy (e.g., a spouse), parent of a minor, legal guardian of a minor or adult and the parent/legal guardian of a documented diminished capacity minor or adult patient.

Enter the information for the individual asking for proxy access.

Complete this section for the person requesting proxy access to the patient's MyChart. (Please print)

- **First and Last Name of Proxy** _____
- **Address** _____
- **City/State/Zip** _____
- **Phone** _____
- **DOB** _____
- **Email** _____

MY RIGHTS

I know I can withdraw this consent form. The way to withdraw is to write a letter to **Overlake Medical Center & Clinics,** Health Information Management Department

Attn: Health Information Management
(Overlake Medical Tower-Building 3,
Suite LL175) 1035 116th Ave NE
Bellevue, WA 98004

It would not affect any actions or reports already made by **Overlake Medical Center & Clinics.** It will not affect **Overlake Medical Center & Clinics** using the information to bill for services.

Once **Overlake Medical Center & Clinics** discloses your health care information the recipient may re-disclose your information and privacy laws may no longer protect your information. Federal and state laws forbid reporting of information about drug and alcohol abuse treatment, sexually transmitted diseases, or mental health issues without the written consent of the patient, or by law.

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment).

_____ _____
Patient or Parent/Legal Representative Signature Date

Staff use only

Mark the type of MyChart Proxy access:

- ☐ Adult accessing adult patient record
- ☐ Parent or legal guardian accessing minor patient record
  Please note full proxy access will expire when the patient becomes 13 years of age.
  Limited access will be given until the minor turns 18.
- ☐ Parent or legal guardian accessing diminished capacity minor or adult patient record
  - ☐ **Overlake Medical Center & Clinics** Staff has confirmed MyChart Special Proxy Access documentation has been completed in the medical record if applicable

Patient Identification - Write in or attach patient label

Name:

MRN #:

CSN #:

DOB:

Age / Sex and Gender:

MYCHART PROXY ACCESS RELEASE OF INFORMATION REQUEST



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How to Complete the MyChart Proxy Access Release of Information Request Form

Patient Responsibility

1. In the blank box, clearly complete the information about the person you want to be your Proxy:

   (First and Last Name, Address, City, State, Zip Code, Phone, Date of Birth, and Email)

2. Please legibly sign and date this document.

Overlake Medical Center & Clinics Staff Responsibility

1. Under the type of MyChart Proxy Access, check the type of MyChart Proxy access the patient is going to receive.

2. Please verify that a patient label is placed on the bottom left of the page. If the patient label is not available, please clearly document the patient's full name, medical record number, CSN number, patient's age/sex & gender, and most important, the patient's date of birth.

3. **Per the "Staff use only" section on page 1.**

   Please clearly check on the form what type of proxy access has been given for the patient then forwards the completed Proxy form to:
   Overlake Hospital Medical Center, HIM department Overlake Medical Tower-Building 3, Lower Level.

4. Overlake Hospital HIM will scan the document into the electronic health record system.