

MyChart Authorization for Adult Proxy Access



Patient Information

Patient Name		DOB
Street Address		Phone
City	State	Zip Code

Personal/Legal Representative Information (Proxy)

In order to view the Patient information in Salem Health MyChart, the Proxy must also obtain their own MyChart Account.

Name		DOB
Street Address		Phone
City	State	Zip Code
Relation to Patient		
Email Address		

Welcome to Salem Health MyChart

Salem Health is pleased to offer you and/or your authorized caregiver's access to your protected health information using MyChart. If you use MyChart, you may authorize an individual to view your health information in MyChart. Logging into Salem Health MyChart for someone else means that you are acting as that person's proxy.

Salem Health MyChart Proxy Access for an Adult

Individuals age 18 or older may request proxy access to another individual's MyChart account. Only one person will be granted proxy access to an adult patient's MyChart account. This form should be completed by the patient who is authorizing another adult to access medical information in his or her Salem Health MyChart. If the patient is not competent to sign on his/her own behalf, please use the MyChart Authorization for Diminished Capacity Proxy Access Form.

Patient Declaration & Acknowledgement

- I authorize Salem Health to release any health information contained in my Salem Health MyChart to my designated Proxy. This may include information pertinent to drug/alcohol use and sexually transmitted infections such as HIV/AIDS.
- Participation in MyChart and designating a MyChart proxy is voluntary. I understand that I am not required to designate a MyChart proxy.
- I will notify Salem Health immediately if my relationship with my Proxy changes.
- I understand that proxy access to Salem Health MyChart will be terminated immediately without notice if I revoke this authorization by submitting a written request to terminate proxy access or Salem Health determines, in its reasonable discretion that cause exists to terminate access.

By signing below, I agree to comply with Salem Health MyChart Terms and Conditions of Use and choose to designate the person named above as my Salem Health MyChart Proxy, thereby allowing them access to my Salem Health MyChart. I certify that all information I have provided is true and correct.

Signature of patient

Date

Proxy Information

By signing below, I acknowledge that I am authorized by the patient to access the protected health information of the patient described above using Salem Health MyChart. I certify that I am authorized to access such information, and that the information I have provided is true and correct. I agree to log into Salem Health MyChart with my own MyChart ID and Password. 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. If I share my MyChart ID and password with another person, that person may be able to view my or any other health information, as well as information about any individual who has authorized me as a MyChart proxy. If I do not have a MyChart account with Salem Health, I will be provided with information to create my own account.

Designated Proxy Name

Signature

Please submit completed form and any legal papers to Health Information Management

Email

HIMHospitalRecordsTeam2@salemhealth.org
Scan or take a picture of form and legal paperwork

Mail

Salem Health Hospitals & Clinics
ATTN: HIM Department
890 Oak Street SE
Salem, OR 97302

Fax

503-814-2728