

## OCHIN MyChart Adult Proxy Form

### Access to Another Adult's Electronic Health Records

To sign up for another adult's MyChart please fill out this form and return to Peoples Center Clinics & Services via:

Mail: 425 20th Ave S, Minneapolis , MN 55454

Fax: 612-238-3534

Email: [medicalrecords@peoples-center.org](mailto:medicalrecords@peoples-center.org)

**This form authorizes People's Center Clinic's & Services to assign a proxy MyChart user to access your confidential health information.**

This form should be filled out by the patient or legal authorized person acting on behalf of the patient. This form requires a signature from **both** the patient and the proxy requestor. If the patient is unable to sign for themselves legal power of attorney papers must be sent with the proxy form. A form that is signed by a non-legal power of attorney will **not** be granted proxy access to MyChart.

### Patient Information: (All Sections are Required– Please Print Clearly)

Name:	_____		
SSN:	_____	Date Of Birth:	_____
Street Address:	_____	City:	_____
		State:	_____
		Zip:	_____
Email Address:	_____		

### Proxy Requestor's Information: (All Sections are Required– Please Print Clearly)

Name:	_____		
SSN:	_____	Date Of Birth:	_____
Street Address:	_____	City:	_____
		State:	_____
		Zip:	_____
Email Address:	_____		

## OCHIN MyChart Child Proxy Form

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### MyChart terms and agreement

- I understand that MyChart is a secure online platform of my confidential health information and I am allowing a proxy user access. Sharing the username and password with another person gives them access to view my confidential health information.
- I agree that it is the proxy's responsibility to manage the confidential password and change it if they believe the password has been compromised.
- I understand that MyChart contains limited medical information and does not reflect the health record in its entirety.
- I understand that my/proxy's actions and activities in MyChart may be tracked electronically and can become part of the permanent health record.
- I understand that MyChart is provided as a convenience by Peoples Center Clinics & Services, and they have a right to end access to MyChart at anytime, for any reason.
- I understand that MyChart use is voluntary and I/proxy may terminate services at anytime or stop using the authorized proxy.

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**Signature of Patient** *(required)*

**Relationship to Patient** *(required)*

**Date** *(required)*

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**Signature of Proxy Requestor** *(required)*

**Relationship to Patient** *(required)*

**Date** *(required)*

### MyChart Proxy Cancellation Request

I am requesting to terminate MyChart Proxy access for said proxy/patient on page 1. I understand that if I want proxy access again I must do so in writing by filling out the MyChart Proxy form.

\*Please note that the requesting person must fill out the Parent/Guardian section and Child's Information section on page 1 and must match the original MyChart Proxy Form.

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**Signature of Patient** *(required)*

**Relationship to Patient** *(required)*

**Date** *(required)*

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**Signature of Proxy Requestor** *(required)*

**Relationship to Patient** *(required)*

**Date** *(required)*