



MyChart Proxy Access Set-up

Using MyChart on behalf of another person is called Proxy Access. This allows adults (the “proxy”) to access the patient’s medical record through their own MyChart account. This allows the following actions on behalf of the patient:

- View medical information such as medications, appointments, After Visit Summaries, etc.
- Send messages to providers
- Schedule appointments

Requirements

- Proxy must be 18 years old or older.
- Proxy needs a personal MyChart account.



Details

Group	Access provided	How to request access	Automated expiration
Children under age 12	Access to MyChart record	Request Access through MyChart by following the “Requesting Proxy Access to a Minor’s MyChart” Tipsheet.	At age 12, automatically moves to 12-17 age group access level.
Minors age 12 to 17	Limited access to MyChart record*	Authorization form must be signed by both the minor and the proxy.	Automatically expires at age 18.
Adults age 18 and older	Access to MyChart record	Authorization form must be signed by the patient.	No automatic expiration.
Diminished Capacity or Incapable Patient	Access to MyChart record	Authorization form must be signed by the patient’s representative legal paperwork.	Automatically expires 2 years from date approved.

**Due to state and federal privacy laws, access to medical record information is limited for minors 12-17 years old.*

Request Process & Helpful Info:

- For children under 12, requests **must be submitted through MyChart**.
- For all other requests, send the signed form to Health Information Management (see below contact methods)

Email	Mail	Fax
HIMHospitalRecordsTeam2@salemhealth.org	Salem Health Hospitals & Clinics ATTN: HIM Department 890 Oak St. SE Salem, OR 97302	503-814-2728

- Requests are typically processed within one business day
- Once approved, the patient’s name and photo (if available) will show in your MyChart account
- Proxy access can be removed at any time by going through Settings – Personalize Menu Options

Need to activate or open an account?

Sign up online using a computer

- Go to Salemhealth.org/mychart
- If you have an activation code, click sign up with an activation code.
- If you do not have an activation code, click sign up without an activation code.

Sign up using a mobile device

- Download the free MyChart app from Google Play or the Apple App Store.
- Select the "SIGN UP NOW" button and follow the instructions.

Need help?

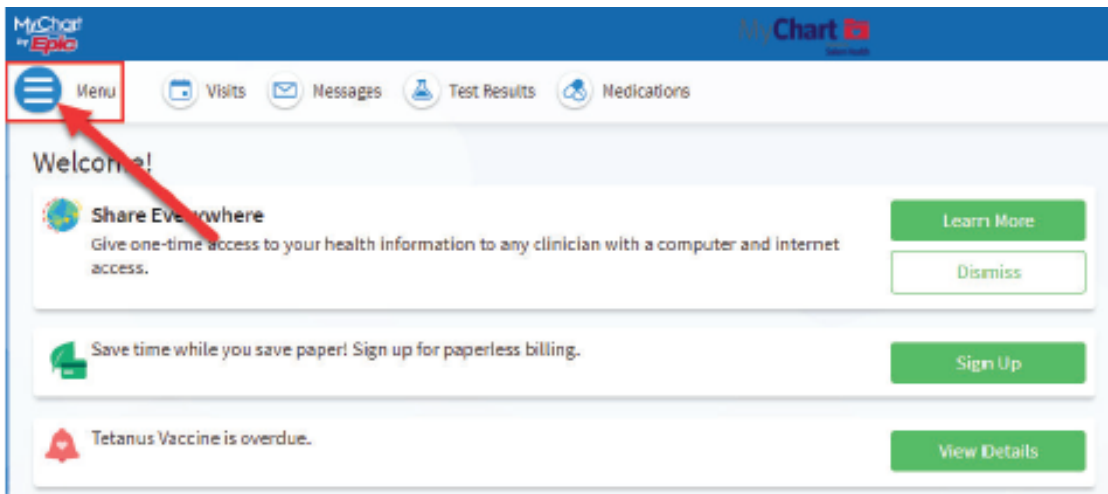
Call the **MyChart Support line** at **503-562-4278**.

Requesting Proxy Access to a Minor under 12 via MyChart

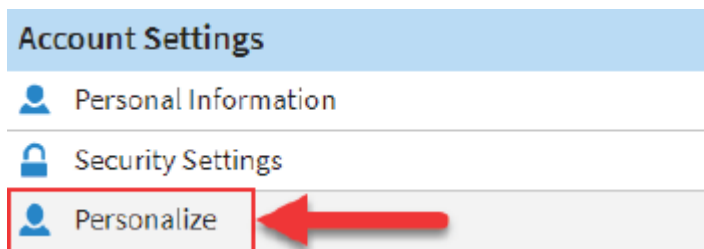
How to request proxy access via MyChart:

Try It Out

1. Log into MyChart and click on the Menu Button.



2. Scroll down to the Account Settings section and click Personalize.



- a. Click on the Request access to a minor's record link. Fill out the form and click submit. Please allow one business day for this request to be processed.



MyChart Authorization for Minor Proxy Access

(Form only used for minors age 12 – 17)



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 parent/legal guardian access to your protected health information using MyChart. If you use MyChart, you may authorize individuals 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. To request the appropriate Salem Health MyChart Proxy access, please complete this form.

Salem Health MyChart Proxy Access for a Minor

A minor is an unmarried, not emancipated, person under the age of 18. Only individuals with parental rights or legal guardianship over minors shall be provided proxy access to that minor's MyChart account. If you are not the birth or adoptive parent, you must provide documentation that establishes that you are the legal guardian for this patient. Some information within MyChart regarding minors between the ages of 12-17 years old may be limited in accordance with Oregon and Federal Privacy Laws. Please note the following age limitations for **access to a minor's** MyChart. These range limitations do not affect any legal right you have to access your child's records by other means.

- If your child is age **0-11**, parent/legal guardian will be granted full access to the child's MyChart record. *(Use MyChart to request this access)*
- If your child is age **12-17**, parent/legal guardian will be granted partial access to the child's MyChart record.
- Once your child reaches 18 years of age, parent/legal guardian will not be granted any access to the MyChart patient record unless the patient consents to access.

Minor Patient age 12-17 Terms and Conditions for Granting Proxy Access

I hereby understand that with my signature, I am granting my parent/legal guardian access to my medical information through Salem Health MyChart. Unless revoked by me in writing, proxy access will automatically expire when I turn 18 years old. I understand that I may submit a written request to remove a Proxy at any time.

Signature of patient (Minor, age 12 – 17)

Date

Parent/Legal Guardian Terms and Agreement for Receiving Proxy Access

I certify that I am the parent or legal guardian of this child. Should my legal authority to make health care decisions for this child change in the future, I will contact Salem Health immediately. I am aware that my proxy access to this child's personal health information will be limited by law when he/she reaches age 12 and revoked at age 18. I understand I will be required to log into Salem Health MyChart with my own MyChart ID and Password. It will be 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 this child's 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. I have read and understand the requirements and procedures for accessing protected health information through Salem Health MyChart. I agree to comply with Salem Health MyChart Terms and Conditions of Use.

Parent/Legal Guardian Name

Signature

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

Email
HIMHospitalRecordsTeam2@salemhospital.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

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@salemhospital.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

MyChart Authorization for Diminished Capacity Proxy Access



Welcome to Salem Health Hospitals and Clinics MyChart!

This form **must** be completed to provide an adult personal/legal guardian, or other legal representative such as an agent under the power of attorney for healthcare with proxy access to the Salem Health MyChart account of a diminished capacity/incapable patient. Logging into Salem Health MyChart for someone else means that you are acting as that person's proxy. A proxy will have his/her own log on ID and password to access the diminished capacity/incapable patient's MyChart.

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		

By signing below, I acknowledge and agree that:

- I have read, understand, will comply with the Salem Health MyChart Terms and Conditions (located at <https://mychart.salemhealth.org/mychart/Authentication/Login?mode=stdfile&option=termsandconditions>)
- As the personal/legal representative or other legal representative of the patient, all of the information provided is correct and I am authorized to access the Patient's electronic health information. I will provide the required legal documentation to the Health Information Management department verifying my relationship with the patient. Examples may include, but are not limited to, Power of Attorney for Healthcare Decisions or Advanced Healthcare Directive.
- If I cease to be responsible for the health care decisions of the patient and/or if the patient is no longer of diminished capacity, I will notify Salem Health immediately.
- My Salem Health MyChart proxy access will terminate two (2) years after activation. At which time, I will submit another Request form if I wish to continue to receive proxy access to the Patient's account.
- I understand that diminished capacity proxy access to Salem Health MyChart will be terminated immediately without notice if I revoke this authorization by submitting a written request to terminate access, or Salem Health determines, in its reasonable discretion that cause exists to terminate access.

Personal/Legal Guardian or other Legal Representative Signature	Date
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Please submit completed form and legal paper to Health Information Management

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