



PINE REST CHRISTIAN MENTAL HEALTH SERVICES MEDICAL RECORDS
MyChart Proxy Account Authorization

Pine Rest Christian Mental Health Services ("Pine Rest") utilizes Epic as its electronic medical record to document information about your treatment. MyChart is Pine Rest's Web-based version of our computer system that allows patients access to their medical record information. Patients may create Proxy Accounts which authorize other people to access their MyChart account.

When you complete and sign this form, you are giving Pine Rest authorization to create a Proxy Account for the person indicated. Both the patient and any proxies will be bound by the Pine Rest Christian Mental Health Hospital MyChart Terms and Conditions of Use.

Patient name: _____

Patient date of birth: _____

Patient full address: _____

Patient phone number: _____

I authorize Pine Rest to create a MyChart Proxy Account for the person indicated below, allowing electronic access to my Pine Rest medical records via MyChart. This authorization is voluntary and not a condition of my treatment.

Proxy Full Legal Name: _____

Proxy Complete Mailing Address: _____

Proxy Phone Number: _____

Proxy Email Address: _____

Proxy Date of Birth: _____

Proxy Relationship to Patient (optional): _____

I understand that the information to be released includes information relating to the diagnosis and/or treatment of mental health conditions, alcohol/drug abuse conditions, AIDS, HIV testing or status, sexually transmitted diseases, demographic information, developmental disabilities and genetic information. I understand that it is not technically possible at this time to grant MyChart access that would not include these categories of information.

MyChart Proxy Accounts granted full access will have access to all information in the MyChart account. This may include demographic information, labs, patient encounter notes, treatment plans, etc.

MyChart Proxy Accounts can be granted limited access which would only include Scheduling and Billing. Any other medical record information would require utilizing a standard release of information process through Pine Rest's Medical Records Departments.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy of health information. Persons or organizations receiving this health information may not be bound by the provisions of this law. However, the Michigan Mental Health Code, the Iowa Mental Health Code, and 42 CFR Part 2 prohibits unauthorized disclosure of these records. If this consent is cancelled, I understand that information previously viewed by the above named person would not be considered a breach of confidentiality. I also acknowledge that: 1) recipients of this information may possibly re-release the information without proper authorization, and 2) once information is disclosed it may no longer be protected by federal privacy regulations.

This agreement will continue until cancelled by the patient/guardian. Access can be cancelled online via MyChart. Revocation may also be done in writing to the attention of: Medical Records Director: 300 68th Street, SE, PO Box 165, Grand Rapids, MI 49501-0165.

I verify the above named individual(s) have given verbal permission to receive their MyChart access code via the e-mail address listed above. I have explained to them this may not be a secure means to receive information.

I understand that I have the right to receive a copy of this authorization. I have also had the opportunity to have this form explained to me and have my questions answered.

Signature of Patient or Legally Authorized Representative (if patient is a minor or unable to sign):

Relationship to Patient:

Self Parent of Minor Legal Guardian Health Care Agent Other: _____

Date: _____

Copy of this authorization provided: Yes _____ Declined _____