



**Adult Proxy Authorization for Release of Medical Information**

This form is an authorization that will permit CentraCare and Affiliates to release your medical information, by means of patient portal, to your designated adult proxy. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms. Please read it carefully.

This form should be completed by the patient or their legal guardian/representative who is authorizing another adult to access medical information in his or her MyChart record.

**Return completed form to:**

CentraCare - Plaza HIM  
1900 CentraCare Cir  
St. Cloud, MN 56303

Or: Fax to (320) 650-8788  
Email to [mychart@centracare.com](mailto:mychart@centracare.com)

**Patient Account You Are Granting Portal Access To**

Name (*last, first, middle initial*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Individual That Will be Receiving This Access** (Access may only be given to an adult)

Name (*last, first, middle initial*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: Number: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

I, the patient or the patient's legal guardian/representative, am requesting the above individual to be a designated MyChart proxy to the patient's CentraCare and Affiliates MyChart Record.

I understand:

**Medical Information**

- ❖ The medical information in MyChart is obtained from the patient's electronic medical record.
- ❖ The medical information may include substance use or other sensitive documentation.
- ❖ Once the information has been disclosed, it may be re-disclosed by the proxy and the disclosed information may not be covered by federal privacy protections.

**MyChart Participation**

- ❖ Participation in MyChart and designating a proxy is completely voluntary.
- ❖ The patient or their parent/legal guardian is not required to designate a MyChart proxy and are not required to provide this authorization.
- ❖ CentraCare and Affiliates do not base any of the patient's health care treatment, payment or other services on whether the patient or parent/legal guardian provide this authorization.
- ❖ If I do not provide this authorization, CentraCare and Affiliates are not permitted to provide access to the patient's MyChart record to the designated proxy.

**Proxy Revocation**

- ❖ The patient or parent/legal guardian may revoke this authorization at any time by providing a written request for revocation to CentraCare, Health Information Department.
- ❖ If the patient or parent/legal guardian revoke this authorization, the designated proxy's access to the patient's MyChart record will be terminated.
- ❖ The patient or parent/legal guardian's revocation will not affect any disclosures that were made prior to processing the revocation request.

I authorize CentraCare and Affiliates to release the health information contained in the patient's MyChart record to the designated MyChart proxy.

**Date:** \_\_\_\_\_

**Signature of Patient (or authorized person):** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

If a person other than the patient signs, indicate authority to sign for patient (e.g., guardian) and attach documentation:

\_\_\_\_\_