ADULT PROXY FORM

Please complete the following information to authorize another adult access to your MyChart account at Duly Health and Care (Duly). **Please note**: the patient's information will be accessed through the designated proxy's own MyChart account, and both the designated proxy and the patient must sign below.

Please fax the completed form to 630-324-2933, email to mydmghealth@duly.com or mail to Duly Health and Care, ATTN: HIM, 1100 W. 31st Street, Downers Grove, IL 60515

Patient Information

Name (last, first, middle initial): ______________________________

Date of Birth: ____________________ Phone Number: ____________________

Email Address: ______________________________

Street Address: ______________________________

City: ____________________ State: __________ Zip: ____________

Proxy Information

Name (last, first, middle initial): ______________________________

Date of Birth: ____________________ Phone Number: ____________________

Email Address: ______________________________

Street Address: ______________________________

City: ____________________ State: __________ Zip: ____________

MyChart Terms and Agreement

- Access to MyChart and proxy designation is provided by Duly as a convenience and is completely voluntary; Duly does not condition health care treatment or payment on its use.
- If I share my username and password with another person, that person may be able to view my health information, as well as information of those to which I have proxy access.
- 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.
- MyChart contains limited information and does not reflect the complete contents of the patient's medical record.
- Activities within MyChart may be tracked and may become part of the medical record.
- Duly has the right to deactivate my access to MyChart at any time for any reason.
- Duly and its medical groups: Dupage Medical Group and The South Bend Clinic, jointly provide MyChart to improve my coordination of and access to care.
- Information obtained through MyChart and re-disclosed by a designated proxy may not be covered by HIPAA.
- I may revoke this authorization at any time by providing a written request, which will end access to the patient's MyChart record. Revocations will not affect disclosures made prior to processing the request.
- This form does not authorize release of medical information to a designated proxy by other methods or other forms.

By signing below, I acknowledge that I have read and understand the above statements.

______________________________ / ____________________ / ____________

Signature of Designated Proxy   Relationship to Patient   Date

I understand and authorize sensitive health information (SHI) related to the following may be disclosed to my designated proxy: sexually transmitted diseases (STDs), mental health, pregnancy, birth control, substance abuse, genetic testing, and physical/sexual abuse. I understand I may revoke this authorization at any time by providing a written request, which will end my proxy's access to my account. Revocations will not affect disclosures made prior to processing the request. By signing below, I acknowledge that I have read and understand the above MyChart Terms and Agreement.

______________________________ / ____________________ / ____________

Signature of Patient or Legal Representative   Relationship to Patient   Date