

Authorization for Proxy Access to Adult MY MAIN LINE HEALTH CHART

Allowing another person to access and view your protected health information available on My Main Line Health Chart is called proxy access. A proxy can be a spouse, partner, adult child or other trusted person with whom you want to share your protected health information

By granting Proxy access to your My Main Line Health Chart, you understand and agree to the following:

- By allowing your Proxy access to your My Main Line Health Chart, they have full access to see all of your medical records stored on My Main Line Health Chart from all Main Line Health facilities and all Main Line HealthCare physician practices. This includes, but is not limited to, the following: information about your medical care and treatment, immunization and medication records, lab and radiology results, appointments, and billing and insurance information. This access may also include the Proxy seeing information relating to the diagnosis and/or treatment of **mental/behavioral health, alcohol/drug abuse, reproductive health (including sexually transmitted diseases, pregnancy and birth control), HIV/AIDS, developmental disabilities, and genetic information.**
- Once information is disclosed, it potentially may be redisclosed by your Proxy and the disclosed information may not be covered by federal privacy protections.
- Designating a My Main Line Health Chart Proxy is voluntary. You are not required to designate a Proxy and you are not required to sign this authorization. Main Line Health does not condition any of your health care treatment on whether you provide this authorization.
- This Authorization for Proxy Access to your My Main Line Health Chart account applies to protected health information in your My Main Line Health Chart at the time the form is signed as well as protected health information that will be added to your My Main Line Health Chart after the form is signed. Your permission will be in effect until you change or cancel it. If your circumstances change and you no longer want your Proxy to have access to all or portions of your My Main Line Health Chart, you can revoke the Proxy access at any time.
- To revoke any Proxy access you should make this request in writing by sending the request to: Main Line Health HIM Department, Suite 900, 1991 Sproul Road, Lawrence Park Shopping Center, Broomall, PA 19008. Your revocation will not affect any disclosures that were made prior to processing the revocation.
- Main Line Health reserves the right to revoke on-line access to protected health information via My Main Line Health Chart at any time.
- Your Proxy must have an email address and must have a My Main Line Health Chart account or a My Main Line Health Chart account will be established for your Proxy. Instead of providing your Proxy with your user name and password, they will be set up as a Proxy on your account and will have a separate user name and password. Your Proxy has the option to accept or deny this offer to set up a My Main Line Health Chart account.
- This completed Authorization for Proxy Access to Adult My Main Line Health Chart form together with a Request for Proxy Access to Adult My Main Line Health Chart form signed by your Proxy must be submitted to the Main Line Health HIM Department in order for this request to be processed.

Make sure to complete page 2 of this document

Patient Information (Person authorizing My Main Line Health Chart proxy access)

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Social Security Number (last 4 digits): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Proxy Information (Person who will be given access to your My Main Line Health Chart)

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Social Security Number (last 4 digits): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Proxy Relationship to Patient: ___ Spouse ___ Son ___ Daughter ___ Other

If Other, please specify _____

I have read, understand and agree to the terms on page 1 of this form and understand the requirements and procedures regarding a Proxy accessing my patient record on My Main Line Health Chart. I also hereby affirm that I am the patient identified above and all information I provided is correct. I understand that I may be subject to penalties under law for submitting false or misleading information related to this Authorization for Proxy Access to Adult My Main Line Health Chart account.

I hereby authorize Main Line Health to grant to the individual named above as Proxy access to my My Main Line Health Chart account. I understand and agree that by granting this access, my Proxy will have access to my protected health information.

Patient Signature: _____ Date: _____

Submit this completed form to MLH HIM Department in one of the following three methods:

1. Send paper copy via mail to: Main Line Health HIM Department, Suite 110, 3809 West Chester Pike, Newtown Square PA 19073.
2. FAX the completed form to MLH HIM at FAX Number: 610-356-3531
3. Scan and email the completed form to MLH HIM at MLHePatientInfo@MLHS.org