PROXY FOR ADULT APPLICATION – PATIENTS AGE 16 AND OLDER

An individual must be at least 18 years of age to request access to the MyChart account of an adult patient. The patient must sign this form and provide authorization for release of medical information in MyChart on the "Proxy for Adult Authorization" form. Please note that the patient's chart must be accessed through the proxy's established MyChart account.

Return this completed form to patient's primary physician clinic or the Health Information Management department at Lexington Medical Center.

Please read the following information carefully before signing the "Proxy for Adult Authorization" form.
The authorization will permit Lexington Medical Center and its doctors and clinics to release portions of your electronic medical information to the person listed on page 2 of this form.

Type of Information to be Disclosed

I understand that this authorization may cover disclosure of information relating to **diagnostic test results and other confidential health care information**. I understand that this authorization specifically authorizes the release of such information to my designated proxy named on this form.

Method of Disclosure

My medical information will be disclosed to my designated proxy through the proxy's MyChart account.

Redisclosure

I understand that if I authorize the release of health care information to my proxy, a risk arises that the proxy may re-disclose such information and the information may no longer be protected by federal or state law.

Expiration

This authorization for release of information to my proxy must be renewed every three years. This authorization may be terminated sooner upon my revocation or when the hospital is notified of my death or the death of my proxy.

Revocation

I can change my mind and revoke this authorization at any time, except to the extent that anyone has already taken action based on this authorization. I can revoke my authorization in writing by submitting the request to my primary physician clinic or the Health Information Management department at Lexington Medical Center.

Submitting the Proxy for Adult Authorization Form

Submit this form to your primary physician clinic or the Health Information Management department at Lexington Medical Center located at 2720 Sunset Blvd, West Columbia, SC 29169.

Authorization for Access

I, or my legal representative, request that medical information regarding my past, present and future care and treatment at Lexington Medical Center and physician clinics is released through online access to MyChart to the person named below.

▸ Patient Information

NAME_____ _____ _____
LAST FIRST MIDDLE INITIAL

Date of Birth (MM/DD/YY): _____ Last Five Digits of Patient's SSN#: : _____

Street Address: _____

City, State, ZIP: _____

▸ Proxy Information: Person Permitted to Access My Information Through MyChart

NAME_____ _____ _____
LAST FIRST MIDDLE INITIAL

Date of Birth (MM/DD/YY): _____ Last Five Digits of Proxy's SSN# : _____

Street Address: _____

City, State, ZIP: _____

▸ Reason for Release of Information: Access to MyChart

▸ Information to be Released: MyChart (Electronic Health Record)

Released information may include: pregnancy, sexually transmitted disease treatment, reproductive health care, alcohol and drug abuse treatment, genetic testing or mental health information.

My questions about this form have been answered. By signing it, I also agree to the Terms and Conditions for use of MyChart, which can be found on the MyChart website. **I understand that participating in MyChart and designating a MyChart proxy are voluntary. I understand that Lexington Medical Center and its physician clinics do not condition any of my health care treatment, payment or other services on the participation in MyChart or the designation of a MyChart proxy.**

_____ _____
SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE (REQUIRED) DATE

_____ _____
PRINTED NAME RELATIONSHIP TO PATIENT