With Family Access, you can designate someone to view your summary health information using MyChart. This individual, called your Proxy, may be an adult family member, close friend, or another adult involved in your healthcare.

Designating another adult as your MyChart Proxy does not give them new rights to give or withdraw consent for your procedures, services, admissions, discharges, organ donations, autopsies, or life support, different from the rights they may or may not have today.

To designate another adult as your MyChart Proxy, you must complete this form. By signing this form, your Proxy will be able to:

- View your health information in MyChart created by physicians, hospitals, and other healthcare providers who use the Epic medical record platform. This may include information related to diagnosis and/or treatment of HIV, mental health, drug and alcohol-related conditions, pregnancy, and/or sexually transmitted diseases.
- Communicate with your healthcare providers regarding tests, treatments, medications, medical advice, and administrative/ account-related issues using MyChart secure messaging.
- Request and schedule appointments on your behalf using MyChart.
- Complete health questionnaires and request changes to your health information on your behalf using MyChart.

You may always decide to fully revoke your Proxy's Family Access by selecting the option below.

MyChart billing and payment information is only visible to the guarantor of your insurance plan. Your Proxy will not be able to view or act on your billing or payment information using MyChart unless they are your responsible guarantor.

By signing this form, I acknowledge and agree to the following:

- I have read and understand this MyChart Family Access Form, the Family Access Terms and Conditions of Use, and the General Terms and Conditions of Use applicable to MyChart, and I choose to make the designated adult named on this form a MyChart Proxy of my health information.
- My treatment will not be affected in any way, whether I sign or do not sign this form. Signing this form is not required to receive treatment.
- The designated adult named on this form will remain a MyChart Proxy to my health information until one of the following occurs:
 - I terminate the Proxy relationship.
 - My Proxy terminates their relationship.
 - I specify a date below when the Proxy relationship will be automatically terminated.
 - I die, and the Proxy relationship is automatically terminated.
- I understand that I may terminate the Proxy relationship at any time for any reason. Any of my health information that is viewed, printed, or otherwise used or disclosed by my Proxy using MyChart before I terminate the Proxy relationship cannot be taken back.
- Allegheny Health Network reserves the right to revoke a Proxy's MyChart access privileges at any time, for any reason including but not limited to failure to comply with the Family Access Terms and Conditions of Use and/or the General Terms and Conditions of Use applicable to MyChart.
- Allegheny Health Network is not liable for any redisclosure or unauthorized use of information by a Proxy.

Expiration Date for Proxy Relationship (Optional): _____

Revocation of Family Access Privileges/Proxy permission

□ check here to fully revoke Proxy permission

Allegheny Health Network	Patient Identification
201101	
MyChart Family Access Form For Patient 18 Years or Older	

Patient Information

Complete the information below.

Date of Bi	rth:
Date:	
	Phone:

Patient Representative (for use only when patient is incapacitated or otherwise unable to independently act or make decisions) Complete the information below and attach the appropriate documentation specifying your relationship to the patient and your authority to act.

Name:			
Signature:	Date:	Time:	
Designated Adult Information (Proxy) Complete the information below.			
Name:	Date of Birth:		
Home Address:			
City, State, Zip Code:			

Email Address: _____ Phone: _____ Phone: _____

Once completed and signed, please return this form to your doctor's office. You can also mail, fax or email to the contacts below:

Health Information/Medical Records	FAX: 724-226-7494	Email to: MyChartDataIntegrity@ahn.org
Attn: Data Integrity		
1301 Carlisle Street		
Natrona Heights, PA 15056		

