

MyChart Proxy Access Application Workflow



Audience: Any Houston Methodist team member

The *Houston Methodist MyChart® & Bedside Proxy Application* allows someone other than the patient to have access to portions of the patient's health record. According to **System Policy_HIM200 Epic MyChart Proxy Access**, the adult patient or potential proxy must complete an application for access validation and establishment.

Electronic DocuSign Workflow:

Any Houston Methodist team member can provide one of the scenario specific links via e-mail or through a MyChart secure patient message. The completed/submitted forms will route automatically to the HIM team for processing.

Parent/Legal guardian/Power of attorney access:

<https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=48ba0761-7341-4131-a8bf-9c9fb64c8788&env=na3&acct=defbb313-54b1-4842-9ba1%209-1fce6b003fba>

Adult accessing adult (non-power of attorney):

<https://powerforms.docusign.net/7130dd92-4f7c-42c4-98dd-2d84e170e2c8?env=na3&acct=defbb313-54b1-4842-9ba9-1fce6b003fba&accountId=defbb313-54b1-4842-9ba9-1fce6b003fba>

Paper Form Workflow:

Any Houston Methodist team member can provide a paper copy of this form for in-person completion.

<https://mychart.houstonmethodist.org/MyChart-PROD/en-US/docs/mycproxyapp.pdf>

Follow instructions, as indicated on the document, including completion of items 1 - 3. These are required for processing:

1. Proxy information including e-mail address, phone number, and date of birth.
2. Patient information including phone number and date of birth.
3. Proxy applicant's relationship to the patient with the patient and proxy applicant signature (patient signature is only required for adults in non-power of attorney situations).

If the Proxy applicant's relationship to the patient aligns with items in area 4, additional documentation will be required.

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Houston Methodist MyChart® accounts are available to:

- Adult patients (18 years of age or older).
- Emancipated minors.
- Parents. Please note: on your child's 18th birthday, your proxy access to the child's Houston Methodist MyChart® account will expire automatically.

1 Name of Proxy applicant (First Middle Last): _____
Applicant's address: _____
To receive your activation code via email, please provide a valid email address: _____
Applicant's phone number: _____ Applicant's date of birth: _____

2 Name of Patient (First Middle Last): _____
Patient's phone number: _____ Patient's date of birth: _____
Proxy Applicant's relationship to patient:
 Spouse Parent Child over 18 years of age Primary Caregiver for Adult Patient

3 Date: _____ Signature of Patient: _____
Date: _____ Signature of Proxy Applicant: _____

4 Applicant's relationship to patient:
 Power of Attorney Conservator for patient
 Step-parent Guardian Foster Parent Other _____

Proxy requests for these relationships require additional documentation and review. We will contact you within 3 business days of receiving this form and we may ask you for additional documentation if necessary.

Date: _____ Signature of Proxy Applicant: _____

Upon approval of your request, you will receive a Houston Methodist MyChart® activation code along with instructions on how to sign up for Houston Methodist MyChart® and create your own Houston Methodist MyChart® account. If you already have a Houston Methodist MyChart® account, you can access it proxy through _____

Document Submission:

Houston Methodist Staff Assisted:

You may accept the completed form on behalf of the patient/potential proxy and submit it to the HIM team using any of the following options:

Scan into Epic: Open the patient record and scan as document type: *MyChart/Healthcare Proxy*. This workflow will generate an alert to the HIM team.

Fax: 713.394.6475

Email: hmh_requestrecords@houstonmethodist.org

Patient Initiated:

Patients may return their completed form via:

Mail: Houston Methodist Hospital
Health Information Management Department
6565 Fannin Street, MS St-520
Houston, TX 77030

Fax: 713.394.6475

Email: hmh_requestrecords@houstonmethodist.org