

Summa Health System MyChart Proxy Authorization Form

By signing this MyChart Proxy Access Authorization Form (this "Authorization"), I understand that I am giving permission to Summa Health System ("Summa") to disclose confidential health information contained about me through MyChart to

PROXY INFORMATION	<input type="checkbox"/> Full Access (Clinical and Billing)	<input type="checkbox"/> Clinical Access	<input type="checkbox"/> Scheduling and Messaging
The person whose name is designated above (my "Proxy").		Proxy date of birth	Telephone number
Proxy's address		Email address	

I understand that access to MyChart is provided by Summa as a convenience to its patients and that Summa has the right to deactivate access to MyChart at any time and for any reason.

I understand that MyChart is a web-based service through which some of the information contained in my Summa electronic medical record ("EMR") may be accessed, and that MyChart sometimes shows a summary or description and not the actual entries in my EMR. I understand that by signing this Authorization, my Proxy will be given electronic access through MyChart to all confidential health information about me that is available through MyChart, including confidential health information about me that, under most circumstances, my Proxy would not be able to access without my permission.

I understand that I am not required to name a Proxy or sign this Authorization. I further understand that Summa may not condition treatment or payment on my willingness to sign this Authorization unless the specific circumstances under which such conditioning is permitted by law are applicable and are set forth in this Authorization.

I authorize release of my medical information to my Proxy only through MyChart. This Authorization does not authorize the release of my medical record or other medical information outside of MyChart.

I understand that I have the right to revoke this Authorization at any time, but that my revocation will not be effective until delivered in writing to Summa at the following address or fax number (330.375.3392)

Summa MyChart Support
Health Information Management
141 N. Forge Street
Akron, OH 44304

If I choose to revoke this Authorization, I understand that my revocation will not affect any of my confidential health information already disclosed to my Proxy pursuant to this Authorization.

I understand that MyChart access is a privilege, not a right, and that my Proxy must agree to comply with the MyChart Terms and Conditions of Patient Use (the "Terms and Conditions"). Summa will provide my Proxy a special activation code and instructions for accessing information about me in MyChart. I understand that the first time my Proxy uses the special activation code, my Proxy must review and accept the Terms and Conditions.

A copy of this Authorization will be included in my EMR. I understand that confidential health information about me disclosed in MyChart to my Proxy pursuant to this Authorization might be redisclosed by my Proxy and may, as a result of such disclosure, no longer be protected to the same extent as such confidential health information was protected by law while solely in the possession of Summa. I understand that Summa assumes no liability for information released by my proxy, myself, or any other third person.

Patient Signature

Date

Print Name

Date of Birth

Guardian Signature

PATIENT LABEL



Summa Health System

HEC-23-67229/CS/TA/01-24
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MYCHART PROXY AUTHORIZATION FORM