

MyChart Proxy Consent Form

UW Medicine Valley Medical Center (“VMC”) is pleased to offer you proxy access granted to you by _____ (Patient) to medical information via a web-based version of our computer systems called MyChart. We reserve the right to revoke access at any time for any reason. Proxy access or direct MyChart access is not allowed for children ages 13 through 17. You may request access to the records of children up to their 13th birthday, at which time your Proxy access will be automatically terminated. A patient may obtain their own MyChart account on their 18th birthday.

Terms and Conditions of Use as Proxy

1. **Response to Electronic Communication:** Emergency situations requiring immediate attention should not be submitted electronically. VMC will make a good faith attempt to provide response to all electronic inquiries. However, delays may occur based upon message volume, availability of staff, the complexity of the patient’s condition, or technology disruptions. Therefore, VMC cannot guarantee that messages will be responded to, so please allow at least three (3) business days for a response. We are only able to respond to patient communications based on the information provided by the user. If there is insufficient information provided, we will be unable to provide reliable or accurate response.
2. **Third Party Communications.** VMC is not responsible and will not be held liable for any third party content on MyChart or any third party content, products or services available on another website through a link from MyChart. Links to third-party sites are for your convenience only, and their inclusion on Electronic Health Records does not imply any endorsement, guarantee, warranty or representation by VMC.
3. **Email Privacy.** MyChart users will be notified via e-mail when there is new medical information to be viewed on MyChart. This means that any person with access to a patient’s e-mail will be able to see this notification. This could include members of your family or anyone else that can access your e-mail account. Although no private medical information will be sent, the notification that new medical information is available by accessing MyChart may be information that a patient would not want others to know. Thus, users should take this into account when providing an e-mail address or using MyChart. If you send us an e-mail communication, it may be shared with VMC staff who assist the provider in the patient’s medical care. A patient’s confidential medical information on MyChart will be accessible only to appropriate clinical staff.

4. Protection of Records. VMC affords the same degree of confidentiality to medical information stores on MyChart as is given to medical information stored by VMC in any other medium. VMC is committed to protecting the confidentiality of your medical information. We limit VMC employees' access and ability to enter or view your medical information based upon their role in your care. Firewalls, passwords, encryption, and audit trails are further used to safeguard your health information. VMC shall identify the records released and note the time and date of access each time a patient uses MyChart.

VMC will undertake all commercially reasonable efforts to protect your records from improper unauthorized disclosure, technical failures and computer viruses, but cannot guarantee its ability to avoid damage to your records resulting from improper or unauthorized disclosure, technical failure or computer virus.

User names and passwords provide two layers of authentication and are stored in an encrypted database that is isolated from the Internet. As a VMC MyChart user, your role in maintaining the security of your medical information is to change your password on a regular basis and to keep your MyChart ID name and password confidential.

5. Disclosure of Health Information: There is the possibility that the information disclosed to you via MyChart may include confidential HIV information protected by state law. State law prohibits you from making any further disclosure of HIV information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the disclosure of medical or other information is NOT sufficient authorization for further disclosure.

Patient Name: _____ Patient DOB: ____/____/_____

Patient Signature: _____

Proxy given access to above named Patient. Proxy named below agrees to terms and conditions:

Print Name _____

Signed _____

Date: ____/____/_____