



The recipient may use my health information only for the following purpose:

**To access medical information and services on my behalf via MyChart.**

This authorization does NOT allow my Proxy Representative to (1) make health care decisions on my behalf OR (2) access my health information other than via MyChart.

This authorization shall be valid until either: (a) terminated by the Patient or Proxy Representative electronically or in writing, or (b) five (5) years from the signature date below, whichever comes first. I may refuse to sign this authorization and my refusal will not affect my ability to obtain treatment. I may revoke this authorization at any time electronically or in writing. If written, the revocation must be signed by me or on my behalf and sent to the Health Information Management department. The revocation is effective upon receipt but will have no impact on uses or disclosures made while the authorization was valid.

Restriction: California law prohibits the Proxy Representative from making further disclosure of your health information unless the recipient obtains another authorization from you or unless the disclosure is required or permitted by law. This protection may not extend to recipients outside the state of California.

Fax to: (925) 947-3235      or      Mail to: John Muir Health  
Health Information Management  
ATTN: MyChart Proxy  
5003 Commercial Circle  
Concord, CA 94520  
(925) 941-2655

**JMH USE ONLY:**

MRN: \_\_\_\_\_

Parent/Guardian ID Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

PROXY-01 (9/23/13)



**PROXY ACCESS FORM (ADULTS 18+)**

PATIENT LABEL	
Print Name:	
DOB:	
MR#:	