

## Affix Patient Label

Patient Name:	Date of Birth:

## Adult MyChart Proxy Form Allowing Another Person to Look at Bronson MyChart Record (Ages 18 and up)

Patient Information (please print clearly an	nd fill out all parts)		
Name (last, first, middle initial):		Date of Birth:	
Email:	Phone Number: _		
Street Address:	City:	State:	Zip:
Proxy Information (please print clearly and			
Name (last, first, middle initial):		Date of Birth:	
Email:	Phone Number: _		
☐ Check here if your address is the same as the	e patient.		
Street Address:	City:	State:	Zip:
<ul> <li>or drug abuse, sexually transmitted disease.</li> <li>I do not need to have a proxy. I have decomposed.</li> <li>A proxy must be an adult (18 or over). I from looking at MyChart at any time. The second of the second o</li></ul>	Adult proxy access does not expire here are two ways to do this: fice saying that I do not want the prand make the change there. The proxy can maled by community organizations shafor a full list of organizations that slaces.	roxy to be able to lo e, but I can change r oxy to look at MyCl ke a copy of my reco aring Bronson's elec- share information in	ny mind and stop the proximart.  ord or can share it with other etronic health record, EPIC MyChart. This means you
information to the person named above.		ъ.	TT:
Patient Signature:			I ime:
If you are NOT the patient but are signing on	• • • •	•	d.
I,	(print your name)		, am th
☐ Legal Guardian ☐ Legally Appointed Healthcare Agent and Medical Power of Attorney and the nation	d the patient is incapacitated		

(check which applies)

Representative's Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Time: \_\_\_\_\_\_ (required)

You MUST attach proof of your authority to act on behalf of the patient as checked above (other than parent).



## **Appendix I: List of Community Members**

These Community Health Members have access to Bronson patient's charts through our electronic medical record system, Epic. The patient and proxy will be able to view additional medical information in MyChart if the patient is seen for an appointment at following health organizations:

- Adult & Pediatric Ear, Nose and Throat
- Advanced Radiology BARS Clinic
- Bronson Advanced Cardiac Healthcare
- Cereal City Pediatrics
- Family Health Center of Kalamazoo
- Kalamazoo Anesthesiology Pain Clinic
- Kalamazoo College Student Clinic
- Kalamazoo Foot Surgery
- Paragon Advanced Vascular Surgery
- Paragon Nephrology Center of Kalamazoo
- Vision Eye Care
- West Michigan Cancer Center
- WMed Health