

MyChart Authorization for Diminished Capacity Proxy Access



Welcome to Salem Health Hospitals and Clinics MyChart!

This form **must** be completed to provide an adult personal/legal guardian, or other legal representative such as an agent under the power of attorney for healthcare with proxy access to the Salem Health MyChart account of a diminished capacity/incapable patient. Logging into Salem Health MyChart for someone else means that you are acting as that person's proxy. A proxy will have his/her own log on ID and password to access the diminished capacity/incapable patient's MyChart.

Patient Information		
Patient Name		DOB
Street Address		Phone
City	State	Zip Code
Personal/Legal Representative Information (Proxy)		
<i>In order to view the Patient information in Salem Health MyChart, the Proxy must also obtain their own MyChart Account.</i>		
Name		DOB
Street Address		Phone
City	State	Zip Code
Relation to Patient		
Email Address		

By signing below, I acknowledge and agree that:

- I have read, understand, will comply with the Salem Health MyChart Terms and Conditions (located at <https://mychart.salemhealth.org/mychart/Authentication/Login?mode=stdfile&option=termsandconditions>)
- As the personal/legal representative or other legal representative of the patient, all of the information provided is correct and I am authorized to access the Patient's electronic health information. I will provide the required legal documentation to the Health Information Management department verifying my relationship with the patient. Examples may include, but are not limited to, Power of Attorney for Healthcare Decisions or Advanced Healthcare Directive.
- If I cease to be responsible for the health care decisions of the patient and/or if the patient is no longer of diminished capacity, I will notify Salem Health immediately.
- My Salem Health MyChart proxy access will terminate two (2) years after activation. At which time, I will submit another Request form if I wish to continue to receive proxy access to the Patient's account.
- I understand that diminished capacity proxy access to Salem Health MyChart will be terminated immediately without notice if I revoke this authorization by submitting a written request to terminate access, or Salem Health determines, in its reasonable discretion that cause exists to terminate access.

Personal/Legal Guardian or other Legal Representative Signature	Date
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Please submit completed form and legal paper to Health Information Management

Email

HIMHospitalRecordsTeam2@salemhealth.org
Scan or take a picture of form and legal paperwork

Mail

Salem Health Hospitals & Clinics
ATTN: HIM Department
890 Oak St. SE
Salem, OR 97302

Fax

503-814-2728