



Proxy Request

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To share your MyChart (patient portal) information with others (called a Proxy), please complete this form. You may be contacted by the Monument Health Portal team to complete the verification process.

Please return the completed form in person at your doctor's office or to a Monument Health – Health Information Management Department. You can also send the completed form to Health Information Management via email MyChartProxy@monument.health fax to (605) 755-2064, or mail to Monument Health – Health Information Management Department, 353 Fairmont Blvd., Rapid City SD, 57701. (Please be aware that information sent via e-mail is not secure and could be misdirected or intercepted in transmission.) Proxy will remain in effect unless revoked or in the case of a minor's change in age (see 'To Revoke Proxy' below). Foster parent may be granted access on a yearly basis.

By signing the form below, you understand and consent that records accessed by your Proxy may be re-disclosed without your knowledge and are no longer protected by state or federal privacy regulations. You further understand and consent that information shared with your Proxy in MyChart may include treatment and testing regarding drug/alcohol abuse, mental health, HIV status, genetic testing and reproductive medicine.

Patient:

The MyChart Proxy will access.

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Patient Signature (Age 13 and Older): _____ Date/Time: _____

If the patient is 13 and older, the patient must sign to approve the proxy.

Request Proxy: Please list the person you are granting permission to view your MyChart. You will need to complete all of the information below before proxy access can be granted. Your designated Proxy will not have access to your MyChart records until all information is received.

Proxy: Person who will be accessing the patient's MyChart.	Proxy Name: _____ Date of Birth: _____
	Relationship to Patient: _____ Proxy's E-Mail Address: _____
	Proxy Zip Code: _____
	Proxy Signature (optional): _____ Date/Time: _____
If the patient is 12 and under and proxy access is being requested for someone other than the parent or legal guardian the parent or legal guardian must sign to approve the proxy access.	
Parent/Legal Guardian Signature (required): _____ Date/Time: _____	
Access Granted: only select one	<input type="checkbox"/> Full access – includes 'Bill Pay' <input type="checkbox"/> View only <input type="checkbox"/> Update demographics and insurance – no clinical access <input type="checkbox"/> Send message, schedule appointments, update demographics and insurance – no clinical access

To Revoke Proxy or a Change of Proxy: If you are requesting access to the MyChart of a child age 12 or younger, then the access will automatically expire when the child turns 13 years old or becomes legally emancipated. If a minor, age 13-17, grants MyChart access to a Proxy, then the access will automatically expire when the minor turns 18. Access may also be revoked when parental rights have been restricted or when required by law.

The patient or Proxy may, at any time, revoke the Proxy's access by contacting the MyChart Patient Portal Hotline at (605) 755-9890 (Toll Free: 866-383-9245) and filling out the Proxy revocation form or the option is in your MyChart.

OFFICE USE ONLY:

ID Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Date Completed	Caregiver Name PRINT
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