

Montefiore Diminished Capacity Proxy Access

Custom Proxy Form Workflow

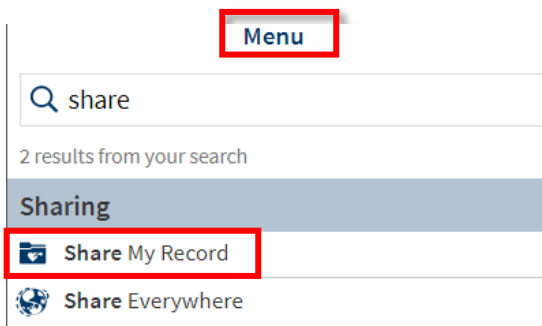
This workflow is for the following access class:

- **Diminished Capacity Proxy Access**

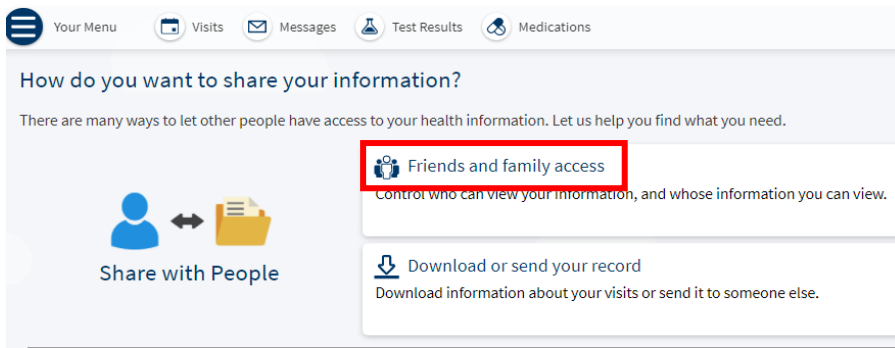
Through MyChart patients will fill out the new online proxy form providing details to request proxy access for a patient of diminished capacity. Their request will be visible in the Epic In Basket as a message.

Patient will access the online form by following the steps below:

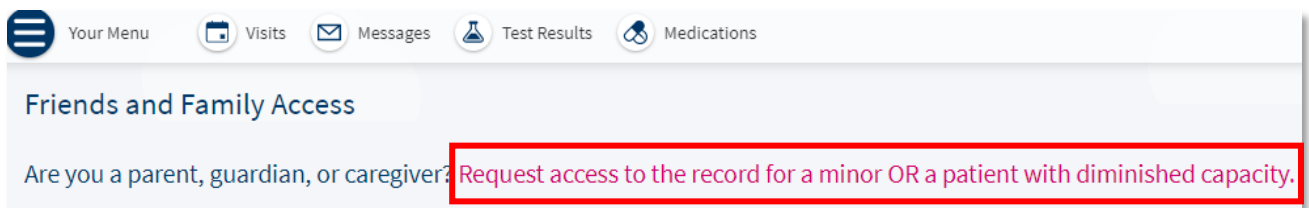
1. **Log in to MyChart. Click on “Menu” and then “Share My Record”.**



2. **Click on “Friends and family access”.**



3. **Click on “Request access to the record for a minor OR a patient with diminished capacity”.**



4. Proxy form will open. Complete all required information:

- Name
- Date of Birth
- Address of the patient you are requesting proxy access for

All fields are required to submit the form.

Request for Access to Montefiore MyChart Account

To be completed by a parent, legal guardian, or caregiver


To access the Montefiore MyChart account for a child or a patient with diminished capacity, please complete this form. Completing this form will allow you to manage the care of the patient online through Montefiore MyChart.

Below are the following age range proxy limitations for Montefiore MyChart:

- If your child is age 0 – 11, you will be granted full access to your child's Montefiore MyChart account.
- Once your child reaches the age of 12, you will be granted limited access to your child's Montefiore MyChart account and will be able to request an appointment but not view medical information.
- Once your child reaches age 18, you will no longer have access to your child's Montefiore MyChart account.
- For patients with diminished capacity, you will be granted full access to the patient's Montefiore MyChart account, regardless of age, for the duration as specified by the patient's physician.

Please provide the following information for your child or patient with diminished capacity. All fields are required.

Patient Name: (last, first, middle initial)

Patient Date of Birth: 

Patient Address:

Street Address:

City:

State:

Zip Code:

The patient is my:

If other, please specify:

Complete additional questions below **ONLY** if you are requesting access for a patient with Diminished Capacity

Diminished Capacity means that the patient has a serious medical, psychiatric and/or cognitive condition and/or lacks capacity to manage their MyChart medical record.

Provide the following information of the patient's Montefiore physician who can confirm that this patient is of diminished capacity.

Attending Physician Name (Last Name, First Name)

Telephone Number (xxx xxx xxxx):

Practice Name or Specialty Name (i.e. Bronx East, Family Care Center, Medical Arts Pavilion or Cardiology, Primary Care):

5. Read and accept the Terms and Conditions as highlighted below. Click “Submit Request” at the bottom of the page.

Montefiore MyChart Proxy Terms and Conditions for a Child or Patient with Diminished Capacity

Montefiore Health System patients can give another person the right to see their Montefiore Health System medical record. Proxy access gives you, the proxy, (i.e., parent, legal guardian, or other elected adult) the ability to view the patient’s medical record information.

- I agree to prohibit anyone else from using my password and will immediately notify Montefiore Health System of any unauthorized use of my password or other security concerns of which I become aware. If I share my Montefiore MyChart ID and password with another person, I understand that person will be able to view my or my proxy’s health information.
- I understand that I will no longer have Montefiore MyChart access when my child reaches the age of 18. I also understand that federal and state law may protect the privacy of certain types of medical care sought by minors on a confidential basis.
- I understand that once my child reaches the age of 12, I will have limited access to my child’s Montefiore MyChart record.
- I understand that my activities within Montefiore MyChart may be tracked electronically and that entries I make may become part of the patient medical record.
- I understand that access to Montefiore MyChart is provided as a convenience to patients and Montefiore has the right to end access to Montefiore MyChart at any time.
- I understand that my use of Montefiore MyChart is voluntary and my proxy access can be revoked by the patient at any time to Montefiore Health System.

I acknowledge that I have read, understand, and agree to the terms contained within this Montefiore MyChart Proxy Authorization Form for a Child or Patient with Diminished Capacity

Please allow up to 7 business days for our staff to process this request. They will contact you by MyChart message with any follow-up.

Submit Request

6. Once submitted patient is advised it can take up to 7 business days for processing; they are informed they will receive a MyChart message once the request has been processed.