Forks Community Hospital®
"Pioneers in Rural Health Care"

The below release of information is needed for proxy access. A proxy is a person who has been given permission to access the patient's MyChart account and medical information available within MyChart. Proxy access is available to the following: anyone an adult patient permits to be a proxy such as a spouse, parent of a minor, legal guardian of a minor or adult, or the parent/legal guardian of a developmentally disabled minor or adult patient.

Complete this section for the person requesting proxy access to the patients MyChart. (Please print)

- **First and Last Name of Proxy:**
- **Address:**
- **City/State/Zip:**
- **Phone:**
- **DOB:**
- **Email:**

MY RIGHTS:
I know I can withdraw this consent form at any time. The way to withdraw this consent is to write a letter to:

Forks Community Hospital
Health Information Management Department
530 Bogachiel Way
Forks, WA 98331

It would not affect any actions or reports already made by Forks Community Hospital. It will not affect Forks Community Hospital using the information to bill for services.

Once Forks Community Hospital discloses your health care information, the recipient may re-disclose your information and privacy laws may no longer protect your information. Federal and state laws forbid reporting of information about drug and alcohol abuse treatment, sexually transmitted diseases, or mental health issues without the written consent of the patient, or by law.

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment, or enrollment).

Patient or Parent/Legal Representative Signature Date

STAFF USE ONLY:
Mark the type of MyChart Proxy access:

- ☐ Adult accessing adult patient record.
- ☐ Parent or legal guardian accessing minor patient record. Please note, full proxy access will expire when the patient becomes 13 years of age. Limited access will be given until the minor turns 18.
- ☐ Parent or legal guardian accessing developmentally disabled minor or adult patient record.

Patient Identification – Write in or attach patient label:
Name:
MRN #:
CSN #:
DOB:
Age / Sex and Gender: