



MyHealth Proxy Access Set-up Instructions for Patients

Welcome to Legacy Health MyHealth

Using MyHealth on behalf of another person is called Proxy Access. Proxy access allows the designated user to access another person's medical record through their own MyHealth account. If you use MyHealth, you can authorize individuals to view your health information in MyHealth. Proxy users will need a personal MyHealth account in order to have proxy access to another person's medical record.

With proxy access, the user can do the following on behalf of the patient:

- View medical information such as medications, appointments, After Visit Summaries, etc.
- Send messages to providers
- Schedule appointments

The amount of information a proxy user may view in the medical record may be full or partial:

- **Full Proxy Access** may include all information from the patient's medical record viewable to the proxy user.
- **Partial Proxy Access** may include upcoming appointments, requesting appointments and limited messaging viewable to the proxy user.

Children 13 years of age and younger:

- Full proxy access for parent/legal guardian
- Full proxy access expires at the age of 14

Minors age 14 to 17:

- Proxy access may be full or partial for the parent/legal guardian as designated by the patient
- Proxy access expires at the age of 18
- Proxy access designation is voluntary; however, should the minor patient choose to grant proxy access, the minor patient must select full or partial proxy access and sign the Request for MyHealth Proxy Access to a Minor form.

Adults age 18 and older:

- Full or partial access as designated by the patient

To designate proxy access, the patient and parent/legal guardian or designated proxy user must complete and sign the Request for MyHealth Proxy Access form and simply return the document to any Legacy Health registration desk or your Legacy clinic to link the accounts. Then, when the proxy user logs in to their own MyHealth account, they will see the patient's name and their photo in the upper left corner of the screen. Proxy access can be revoked at any time.

Need to activate or open an account?

If you have an activation code, go to myhealth.lhs.org/myhealth. Click on the "Sign up now" button and follow the instructions.

If you need an activation code, click the "Sign up now" then click "Sign up online" to submit a request.

New User?
Sign up now
No Activation Code?
Sign up online

Questions?

Contact **MyHealth Customer Service**: Oregon - 503-415-4835 or Washington - 360-487-1075



Patient Label

Request for MyHealth Proxy Access to a Minor

Parents or guardians of minor children may request access to their child's MyHealth account by completing this form and submitting it to the Legacy clinic where they receive services. A minor is an unmarried, not emancipated, person under the age of 18. Only individuals with parental rights or legal guardianship over minors shall be provided proxy access to that minor's MyHealth account. If you are not the birth parent, you must provide documentation that establishes you are the legal guardian for this patient.

Please note the following age limitations for access to a minor's MyHealth account. These range limitations do not affect any legal right you have to access your child's records by other means.

Children 13 years of age and younger:

- Full proxy access for parent/legal guardian that expires when the patient turns 14

Minors age 14 to 17:

- Proxy access may be limited for the parent/legal guardian and expires when the patient turns 18
- Proxy access designation is voluntary; however, should the minor patient choose to grant proxy access, the minor patient must sign and date below.

Minor Child Information
Parent/Guardian Proxy User Information
Patient Name: Date of Birth: Age:
Address:
Parent/Guardian Name: Date of Birth:
Contact phone: Email address:
Address: Same as minor/child Different:
Relationship to minor/child (select one): Parent Foster Parent Legal Guardian* Other:
*Legal documentation of guardianship is required (e.g., court order, adoption decree, etc.)
Type of access granted (select one): Full Proxy Access Partial Proxy Access Foster Parent Access
If type of access is not selected, Partial Proxy Access will be granted by default

Minor Patient age 14-17 Terms and Conditions for Granting Proxy Access

I hereby understand that with my signature, I am granting my parent/legal guardian access to my medical information through Legacy Health MyHealth. Unless revoked by me in writing, proxy access will automatically expire when I turn 18 years old. I understand proxy access designation is voluntary and I am not required to designate a proxy user. I understand that I may revoke proxy access by submitting a written request at any time.

Signature of Patient

Date

Proxy User Terms and Agreement for Receiving Proxy Access

I attest that I am the proxy user named above authorized to access the protected health information of the minor child with the identified relationship of the minor child named above. My parental rights have not been surrendered, revoked, terminated, or otherwise nullified by order of the court regarding contact with, or information about the minor child named above. Should my legal authority to make health care decisions for the minor child change in the future, I will contact Legacy Health immediately. I agree to comply with Legacy Health MyHealth Terms and Conditions of Use found at: https://myhealth.lhs.org

Signature of Parent/Legal Guardian/Foster Parent/Other

Date



Patient Label

Request for MyHealth Proxy Access to an Adult

Using MyHealth to access another person’s medical records through their MyHealth account is called Proxy Access. Proxy users will need a personal MyHealth account in order to have proxy access to another person’s medical record

The amount of information a proxy user may view in the medical record may be full or partial:

- **Full Proxy Access** may include all information from the patient’s medical record viewable to the proxy user.
- **Partial Proxy Access** may include appointments, limited messaging, and billing information viewable to the proxy user.

This form must be completed by the adult patient who is authorizing another adult to access their medical information. If the patient is unable to sign this form, documentation of guardianship or power of attorney for healthcare decisions is required. Completed forms may be returned to the Legacy clinic where the patient receives services.

Patient Information	
Patient Name: _____	Date of Birth: _____ Age: _____
Address: _____	
Proxy User Information	
Proxy User Name: _____	Date of Birth: _____
Contact phone: _____	Email address: _____
Address: _____	
Relationship to patient (select one): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian/POA* <input type="checkbox"/> Conservator* <input type="checkbox"/> Other: _____	
*Legal documentation is required	
Type of access granted (select one): <input type="checkbox"/> Full Proxy Access <input type="checkbox"/> Partial Proxy Access	
If type of access is not selected, Partial Proxy Access will be granted by default	

Patient Authorization for Proxy Access

I hereby understand that with my signature, I am granting proxy access to my medical information through Legacy Health MyHealth to the above-named individual. I understand proxy access designation is voluntary and I am not required to designate a proxy user. I understand that I may revoke proxy access by submitting a written request at any time. I agree to comply with Legacy Health MyHealth Terms and Conditions of Use found at:

<https://myhealth.lhs.org>

Signature of Patient

Date

Proxy User Information

I attest that I am the proxy user named above authorized to access the protected health information of the named patient through Legacy Health MyHealth. I agree to comply with Legacy Health MyHealth Terms and Conditions of Use found at: <https://myhealth.lhs.org>

Signature of Designated Proxy User

Date