



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:

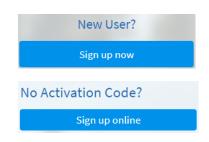
• Full or partial access as designated by the patient

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. 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.



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 quardian 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				
Patient Name:	Date of Birth:	Age:		
Address:				
Parent/Guardian Proxy User Information				
Parent/Guardian Name:	Date of Birth:			
Contact phone:	Email address:			
Address: □ Same as minor/child □ Different:				
Relationship to minor/child (select one): Parent For	oster 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 Acces If type of access is not selected, Partial Proxy Ac		ess		
Minor Patient age 14-17 Terms and Conditions for (I hereby understand that with my signature, I am grainformation through Legacy Health MyHealth. Unless expire when I turn 18 years old. I understand proxy adesignate a proxy user. I understand that I may revo	anting my parent/legal guardian access to my s revoked by me in writing, proxy access will access designation is voluntary and I am not	automatically required to		
Signature of Patient	Date			
Proxy User Terms and Agreement for Receiving Proxy User Terms and Agreement for Receiving Proximates that I am the proxy user named above authorwith the identified relationship of the minor child name revoked, terminated, or otherwise nullified by order cominor child named above. Should my legal authority the future, I will contact Legacy Health immediately. Conditions of Use found at: https://myhealth.lhs.org	rized to access the protected health information above. My parental rights have not been so the court regarding contact with, or informate to make health care decisions for the minor	surrendered, ation about the child change in		
Signature of Parent/Legal Guardian/Foster Parent/Other	Date			
April 2021	For LH internal use only: ☐ Activated an	nd ready to be scanned		



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): Parent Guard *Legal documentation is required	lian/POA* □ Conservator* □ Other:			
Type of access granted (select one): □ Full Proxy Access is not selected, Partial Proxy				
Patient Authorization for Proxy Access I hereby understand that with my signature, I an Health MyHealth to the above-named individual required to designate a proxy user. I understand any time. I agree to comply with Legacy Health https://myhealth.lhs.org	. I understand proxy access designation d that I may revoke proxy access by subr	is voluntary and I am not mitting a written request at		
Signature of Patient	Date			
Proxy User Information I attest that I am the proxy user named above auth through Legacy Health MyHealth. I agree to com found at: https://myhealth.lhs.org				
Signature of Designated Proxy User	Date			
Anril 2021	For LH internal use only: □ A	ctivated and ready to be scanned		