

MyDHR PROXY ACCESS FORM

MyDHR proxy access allows a person to access information in another person's medical record via MyDHR. Patients may wish to grant access to a family member and/or friend when they need assistance managing their appointments and other medical needs.

In any Proxy relationship, two people are involved. One of these is the person whose medical record is being accessed ("Patient"). The other is the person who needs access to the medical record ("Proxy").

Patients may designate multiple Proxies, if needed. Only adults ages 18 years and older may act as a Proxy.

TO BE COMPLETED BY PROXY (INDIVIDUAL REQUESTING ACCESS)

Name: (specify name of Proxy to receive access)

Date of Birth (required):

Address: (Street Address, City, State, Post Code)

Phone Number:

Mobile Landline

Proxy's Email Address (required):

Are there any Guardianship/Parental Responsibility Orders currently in place? No Yes (provide copies)

AUTHORISATION

- The Patient (or Patient's representative or parent) hereby authorises the disclosure of all medical information about the Patient contained in the Patient's MyDHR account to the person granted Proxy access below. The purpose of this disclosure is to allow the person granted Proxy access to have ongoing access to the medical information of the Patient identified below.
- The Patient (or Patient's representative or parent) understands that the person receiving Proxy access is not a health care provider and the information accessed by the Proxy could be re-disclosed by such person leaving it unprotected.
- Patient (or Patient's representative or parent) understands that he/she may revoke this authorisation at any time, except to the extent that action has been taken in reliance on this authorisation, by using the "Revoke Access" option provided in MyDHR or by contacting the MyDHR team on 02 5124 5000 or at digital.support@act.gov.au
- This authorisation will expire upon withdrawal by the Patient (or Patient's representative or parent) or upon termination of the Patient's MyDHR account or the Proxy's Proxy access.
- The Patient (or Patient's representative or parent) understands that he/she is not required to sign this authorisation form and that signing of this authorisation is not a condition of the provision of treatment or payment.

I have read and understand the Requirements and Procedures regarding Proxy access above. All information I have provided is correct and true. I understand that:

- I must have a MyDHR account to obtain Proxy access to another account.
- I must login to MyDHR with my own User ID & Password when utilising Proxy access
- I agree to abide by the ACTHealth MyDHR Terms and Conditions
- ACT Health reserves the right to revoke Proxy access to a MyDHR account at any time
- I may be requested to supply proof of identity with a valid form of photo ID

I am requesting Proxy access for the Patient identified below and I certify that (check one):

- I have been granted the Patient's Health Care Power of Attorney
- I am the Patient's (circle one): Father / Mother / Legal Guardian
- I am the Patient's family/caregiver (describe relationship: _____)

Signature of Proxy: _____

Date: _____

PATIENT INFORMATION

Patient's Name (Required):

Patient's Date of Birth (Required):

Patient's Address (Required):

If Proxy is requesting access to a competent adult (over 15) years old Patient's account and the Patient does not have or want their own MyDHR account, the Patient must sign below, authorising the individual listed to have proxy access to the Patient's MyDHR account.

Signature of Adult Patient: _____ **Date:** _____

Note to Requestor: Once you have submitted the Proxy Access form, please allow 5-10 business days for processing. If your request is approved, you will be notified via email of your newly granted proxy access. If you have any questions regarding the status of your submitted form, please contact the MyDHR Team on 02 5124 5000 or at digital.support@act.gov.au

INTERNAL [ORGANISATIONAL] STAFF USE ONLY:

Date Received: _____ Name of Staff Member who received form: _____

Requestor's ID Verified?: Yes No

Instructions for Staff:

1. Make a copy of the Proxy Requestor's photo identification card.
2. Scan the photo ID and pages 1 & 2 of the MyDHR Proxy application form into the **Patient's** chart in Epic using the Document type (at the patient level) "MyDHR Proxy Consent."
3. Route the scanned document to your clinic's Administrator InBasket pool for processing.

DEFINITIONS:

Patient Type	Who may act as Proxy	Who must provide authorisation / signature	Withdrawal / termination
Competent Adult	The Patient may designate any other adult to have Proxy access to the Patient's MyDHR account.	The patient can grant and revoke proxy access at will from their own MyDHR account. If the adult patient does not have or want their own personal MyDHR account, the patient must co-sign this form approving the Proxy's access to the Patient's account.	The Patient may revoke Proxy access at any time via the "Revoke Access" option provided in MyDHR or by contacting the MyDHR team.
Incompetent Adult	A person acting as an incompetent patient's representative may designate himself/herself (or another	The Patient's representative must sign this form, authorising the individual listed to have access to the Patient's account.	The Patient's representative may revoke Proxy access at any time. In addition, in the event that the Patient's

	competent adult) to have Proxy access to the patient's MyDHR Account. A patient's representative must be the patient's legal guardian or designated as the patient's durable power of attorney for healthcare, as evidenced by the appropriate legal documentation provided.		representative no longer acts in that capacity (e.g., power of attorney revoked), the Patient's representative agrees to notify ACT Health promptly. Upon such notification, access to the Patient's MyDHR account will be terminated. In the interim period, the Patient's representative agrees to not access the Patient's MyDHR account and understands that doing so constitutes unauthorised access of private medical information.
Minors Age 0-13 years	<p>A parent or legal guardian may designate himself/herself (or another competent adult) to have Proxy access to the Patient's MyDHR account. A Patient's legal guardian seeking access to a Patient's MyDHR account must provide the appropriate legal documentation.</p> <p>Foster Parents: ACT Health does not allow foster parents to have Proxy access to their foster child's MyDHR account.</p>	The minor's parent or legal guardian must sign this form, authorising the individual listed to have access to the Patient's account.	<p>The Patient's parent or legal guardian may revoke Proxy access at any time.</p> <p>On the Patient's 14th birthday, Proxies' access to the minor's medical information is limited.</p>
Minors Age 14 - 15 years	Patients between the ages of 14 to 15 years, can obtain their own MyDHR account. Parents may request Teen Proxy Access and will have limited viewing of medical records.	Patients ages 14-15 years are eligible for their own MyDHR account. They can grant and revoke proxy access directly from their personal MyDHR account.	<p>On the Patient's 14th birthday, Proxies' access to the minor's medical information is limited.</p> <p>On the patient's 15th birthday, Proxies' access to patient's chart is automatically terminated.</p>

Completed forms can be emailed to:

Canberra Hospital CHS.HIS@act.gov.au

Calvary Public Hospital Bruce HIS@calvary-act.com.au