



Proxy Request and Authorization to Disclose Medical Information

To receive proxy access to the Stillwater Medical MyChart, you must complete this form and return it to the Health Information Services (HIS) Department at Stillwater Medical Plaza, 1201 S. Adams, Stillwater, OK, 74074. You will need to bring a government-issued photo ID and, if applicable, any legal documents granting legal representative status. You will need to complete one form per patient/child. If you need to speak to someone, please call 405.533.5752 or email us at HIS-CUSTOMERSERVICE@STILLWATER-MEDICAL.ORG.

PATIENT INFORMATION:

PATIENT NAME: LAST, FIRST, MIDDLE INITIAL	SEX:	DATE OF BIRTH	LAST 4 NUMBERS OF SSN:
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	MOBILE:	
EMAIL ADDRESS:			

DESIGNATED PROXY INFORMATION:

PROXY NAME: LAST, FIRST, MIDDLE INITIAL	SEX:	DATE OF BIRTH	LAST 4 NUMBERS OF SSN:
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	MOBILE:	
EMAIL ADDRESS:			
TYPE OF PROXY REQUESTED: ☐ Parent to child 0-17 yrs. ☐ Adult to Adult ☐ Legal Representative* to any patient			

I authorize Stillwater Medical to grant access to or share my medical information to my designated proxy above. By signing this form, I understand:

- completing this form will create a MyChart record for myself and for the patient. I will access the patient's MyChart record through my (the proxy's) MyChart account.
- this request for access to MyChart may include reproductive (or potentially related) reproductive health care information and my medical information related to the treatment, diagnosis, or prevention services related to pregnancy, affliction with any reportable communicable disease, drug and substance abuse or abusive use of alcohol.
- once my child reaches 18 years of age, Stillwater Medical will discontinue all proxy access per the Stillwater Medical MyChart Agreement, Terms and Conditions ("MyChart Agreement").
- if the minor desires parental or legal guardian access to their patient portal beyond their 18th birthday, the child must complete the Proxy Request Form as an adult.
- MyChart may not reflect the complete contents of my medical and billing records and will contact the Health Information Services dept above if additional information is needed.
- execution of this form may be used to authorize the release of my medical record in any other method or form *to the designated proxy only*. The designated proxy may not authorize disclosure of your medical records in any other form to another person without legal authority*.
- designating a proxy is completely voluntary and Stillwater Medical does not condition my healthcare treatment, payment, or other services on whether I provide this authorization. However, if I refuse to sign this authorization, Stillwater Medical will be unable to give my desired proxy access to my medical or MyChart records.
- once my proxy has accessed my information, my proxy may potentially re-disclose my portal information, which will no longer be protected by federal privacy regulations or Stillwater Medical.
- this authorization and proxy access will remain in effect unless revoked in writing per Stillwater Medical's MyChart Agreement. If my relationship with the proxy changes, I must inform Stillwater Medical immediately in writing. I may revoke this Proxy's access at any time by written notice to Stillwater Medical Health Information Services department. My revocation will not affect any disclosures that were made prior to processing the revocation request.

PATIENT DESIGNATION: By signing below, I acknowledge I have read and understand the above statements and choose to designate the person named above as my proxy allowing access to the Stillwater Medical MyChart account.

PATIENT OR LEGAL REPRESENTATIVE SIGNATURE:	DATE:	TIME:
PRINTED NAME:	RELATIONSHIP TO PATIENT	

PROXY ACCEPTANCE: By signing below, I acknowledge I have read and understand the above statement and agree to the portal MyChart Agreement, Terms, and Conditions.

PROXY SIGNATURE:	DATE:	TIME:
PRINTED NAME:	RELATIONSHIP TO PATIENT	

*Attach legal documents granting legal representative status such as guardianship appointment or power of attorney for healthcare decisions.