



ETIQUETA

Formulario de acceso para el apoderado

Acceso a un registro Avera MyChart del paciente

Para tener acceso al registro Avera MyChart de un paciente cuya atención médica ayuda a gestionar el apoderado, complete este formulario. El hecho de completar este formulario establece un expediente Avera MyChart para el apoderado y para el paciente. Tenga en cuenta que el apoderado tiene acceso a los registros del paciente a través del acceso para apoderados. Cada paciente y/o apoderado debe completar un formulario por separado. Espere aproximadamente siete (7) días hábiles para establecer el acceso para el apoderado. Después de que se establezca el acceso para el apoderado, recibirá un correo electrónico a la dirección proporcionada. Haga clic en el enlace del correo electrónico para tener acceso a Avera MyChart. Ese enlace caduca en 10 días.

Información sobre el paciente

Completada por el paciente que otorga acceso como apoderado a Avera MyChart.

*** Campos obligatorios.**

*Nombre completo (apellido, primer nombre, segundo nombre): _____

*Fecha de nacimiento: _____ *Género: M/F

Últimos 4 dígitos del núm. del Seguro Social: _____ *Número de teléfono: _____

Dirección: _____ Ciudad: _____ Estado: _____ Código postal: _____

Información del apoderado

Completada por la persona que solicita el acceso al Avera MyChart de un paciente.

*** Campos obligatorios.**

*Nombre (apellido, primer nombre, segundo nombre): _____ *Número de teléfono: _____

Dirección: _____ Ciudad: _____ Estado: _____ Código postal: _____

*Correo electrónico: _____

Si es paciente de un centro Avera MyChart y quiere tener acceso a su propio registro, complete la siguiente información:

*Fecha de nacimiento: _____ *Género: _____

Autoridad del apoderado

_____ El paciente es una persona incapacitada y yo soy su tutor. Consulte la documentación adjunta que sigue en vigencia.

_____ El paciente me autorizó a acceder a la información de su registro médico. Consulte la Sección para el paciente a continuación.

_____ Otra: _____

El acceso para el apoderado en el caso de los menores de edad está limitado al padre, la madre y los tutores legales. Si no se ha autorizado el acceso como apoderado, puede solicitar copias del registro médico comunicándose con Health Information Management (Gestión de información médica) del centro en el que se proporcionó la atención.

Términos y aceptación de Avera MyChart

- Entiendo que Avera MyChart tiene como objetivo ser una fuente de información médica confidencial segura en línea. Si comparto mi identificación y contraseña de Avera MyChart con otra persona, esa persona podrá ver cualquier información médica a la cual yo tenga acceso a través de Avera MyChart.
- Acepto que es mi responsabilidad seleccionar una contraseña confidencial, mantener mi contraseña de forma segura y cambiar mi contraseña si creo que se ha visto comprometida de cualquier manera.
- Entiendo que Avera MyChart contiene información médica seleccionada del registro médico de un paciente y que Avera MyChart no constituye el registro médico completo.
- Entiendo que mis actividades dentro de Avera MyChart pueden controlarse a través de una auditoría por computadora y que las entradas que realice pueden formar parte del registro médico del paciente.
- Entiendo que el acceso a Avera MyChart se proporciona para comodidad de los pacientes y que el acceso a Avera MyChart se puede desactivar en cualquier momento por cualquier motivo. Entiendo que el uso de Avera MyChart es voluntario y no estoy obligado a usar AveraChart o a autorizar a un apoderado para AveraChart.



LABEL

FOR REFERENCE

Proxy Access Form

Access to a patient's Avera MyChart Record

To request access to the Avera MyChart record of a patient whose medical care the proxy helps manage, please complete this form. Completing this form establishes an Avera MyChart for the proxy and for the patient. Please note, the proxy accesses the patient's records through the proxy's access. Each patient and/or proxy must complete a separate form. Please allow approximately seven (7) business days to establish proxy access. After proxy access is established, you get an email to the address provided. Click on the link in the email to gain access to Avera MyChart. That link expires in 10 days.

Patient Information

Completed by the patient granting Avera MyChart proxy access.

* Required Fields.

*Name (last, first, middle name): _____ *Date of Birth: _____ *Gender: M / F
Last 4 digits of SSN: _____ *Phone Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____

Proxy Information

Completed by the individual requesting access to a patient's Avera MyChart.

* Required Fields.

*Name (last, first, middle name): _____ *Phone Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____
*E-mail: _____

If you are a patient at an Avera MyChart facility and would also like access to your own record, please provide us with:

*Date of Birth: _____ *Gender: _____

Authority of Proxy

_____ Patient is an incapacitated person and I am the patient's guardian. See the attached paperwork which is still in effect.

_____ The patient authorized me to access their medical record information. See Patient section below.

_____ Other: _____

Proxy access for minors is limited to parents and legal guardians.

If proxy access is not authorized, you may request copies of the medical record by contacting Health Information Management at the facility where care was provided.

Avera MyChart terms and agreement

- I understand that Avera MyChart is intended as a secure online source of confidential medical information. If I share my Avera MyChart ID and password with another person, that person may be able to view any health information to which I have access through Avera MyChart.
I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner and to change my password if I believe it may have been compromised in any way.
I understand that Avera MyChart contains selected, medical information from a patient's medical record and that Avera MyChart does not reflect the complete medical record.
I understand that my activities within Avera MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
I understand that access to Avera MyChart is provided as a convenience to its patients and that access to Avera MyChart may be deactivated at any time for any reason. I understand that use of Avera MyChart is voluntary and I am not required to use Avera MyChart or to authorize an Avera MyChart proxy.



LABEL

FOR REFERENCE

Proxy Access Form

Proxy:

I acknowledge and agree that:

- The patient can revoke the proxy access to his/her Avera MyChart at any time.
- I will comply with the terms and conditions on Avera MyChart and this document.
- When my legal authority to act on behalf of the patient has been inactivated, revoked, terminated or expired, I must immediately notify Avera MyChart in writing of the revocation, termination or expiration and deliver it to your Health facility, Attn: Health Information Management, or fax 605-322-8200.

▶ _____ / _____ / _____
Proxy Signature Relationship to Patient Date

Patient:

I acknowledge and agree that:

- I will comply with the terms and conditions on Avera MyChart and this document.
- I choose to designate the person named above as a proxy to my Avera MyChart, thereby allowing him/her access to Avera MyChart protected health information, including but not limited to, behavioral health records, and HIV/AIDS test results. I authorize release of any information contained in my Avera MyChart medical record held by health facilities utilizing Avera MyChart (a list of facilities can be found at Avera.org/MyChart) to my designated proxy. I understand that the medical information in Avera MyChart is obtained from my electronic medical record and may include information from all facilities listed in the health facilities' Notice of Privacy Practices.
- I authorize release of this information only through my Avera MyChart record. This form does not authorize release of my medical record to my designated proxy other than through the Avera MyChart.
- I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by federal privacy protections.
- Participation in Avera MyChart and designating an Avera MyChart proxy is completely voluntary. I understand that I am not required to designate an Avera MyChart proxy and I am not required to provide this authorization. I also understand that the healthcare facility does not condition any of my health care treatment, payment or other services on whether I provide this authorization.
- I understand that if I no longer want the proxy to have access to my Avera MyChart, I may revoke his/her access in writing by sending a request to my Avera facility to the attention of Health Information Management. A Proxy Revocation form may also be found at Avera.org/MyChart.
- I understand that if I revoke this authorization, my designated proxy's access to my Avera MyChart will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.
- Unless proxy access is deactivated or otherwise revoked by patient or patient's legally authorized representative, access shall be granted to proxy until termination of patient's Avera MyChart.

▶ _____ / _____ / _____
Patient Signature Relationship to Proxy Date

▶ _____ / _____ / _____
Signature of Legal Representative Relationship to Proxy Date

*Patient signature not required when patient or proxy has legal authority.
 Please attach relevant document(s).*

Return forms to:
 Your health facility
 Attn: Health Information Management
 Fax: 605-322-8200

HIM use only (staff initials)
____ Patient signature verified
____ Approved by HIM
____ Proxy access granted
____ Form scanned into medical record