



Beth Israel Lahey Health

Patient's Family, Friend, and/or Caretaker Access to Patient's MyBILH Chart

What is Proxy Access?

- Proxy access gives you access to view and interact with MyBILH Chart on behalf of another patient while you are logged into your own account.
- Proxy access may be granted by our staff based on completion of this form. This form must be completed by the patient and prospective proxy. Both parties must be present when submitting this form for proxy access to be granted.
- Alternatively, you can log in to your MyBILH Chart account to grant proxy access to other individuals using the "Proxy Invite" feature. This form is not required if you grant proxy access in this manner.

Please note the following age range limitations for MyBILH Chart. These age range limitations do not affect any legal right you have to access a child's record by other means. To request a copy of a child's record, contact your child's primary care provider for the Health Information Management department at your provider practice or the hospital.

MyBILH Chart follows all federal and state laws and regulations on privacy and security of personal health information:

- **Age 0-13:** Parents and guardians will be granted full access to a child's MyBILH Chart account, as long as the patient is not an emancipated minor and/or the parental rights have not been legally terminated.
- **Age 13:** At age 13, a child is eligible to create their own MyBILH Chart account. If a child creates their own account, they may limit or revoke proxy access within MyBILH Chart. If the child does not limit or revoke access, parents will continue to have full access until the child reaches age 15.
- **Age 15-17:** Once a child reaches age 15, parents will no longer have full access to a child's MyBILH Chart account. Parents will be provided with limited access to the account with access to immunizations, insurance, and basic demographic information. Full proxy access may be reinstated by completion and submission of a new consent form.



Family, Friend, and/or Caretaker Access Request and Consent Form

TO BE COMPLETED BY PATIENT: This section should be completed by the patient to authorize another individual to access their records through MyBILH Chart.

A) Patient Demographics

Patient's Name (<i>please print</i>):	Date of Birth: ____/____/____ Month Day Year	Medical Record Number (<i>if known</i>):
Address:	Telephone Number:	Social Security Number (<i>last 4 digits</i>):

B) **Patient-Proxy Relationship:** The level of access granted to your prospective proxy depends upon the relationship you indicate. Proxy access will automatically change based on the patient age, as noted below. If proxy access should be reinstated, please fill out this form.

- Proxy access for parent-child relationships will be reduced to only allow access to view immunizations, insurance, and basic demographic information upon the patient's 15th birthday.
- Proxy access for all parent-child relationships will expire upon the patient's 18th birthday.
- Full access may be reinstated in both of these cases upon completion of another Proxy Request Form.

Please select **one** of the following relationships:

Patient Age (0-14)	Patient Age (15-17)	Patient Age (18+)
<input type="checkbox"/> Parent	<input type="checkbox"/> Parent [Limited Access]*	<input type="checkbox"/> Health Care Agent
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Parent [Expanded Access]	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Spouse / Domestic Partner
		<input type="checkbox"/> Other (Please specify below)

**Proxies with limited access will only be able to view immunizations, insurance, and basic demographic information.*

C) **Proxy Termination Date: (Optional)** ____/____/____
Month Day Year

D) I understand and agree that:

- By signing this form, I am authorizing another individual to access my health information through their own MyBILH Chart account. This may include privileged or protected information about my mental health, drug/alcohol use and/or treatment, genetic testing, sexually transmitted disease results and treatment, HIV results and treatment, and other sensitive medical information.
- The proxy will access my information through their own MyBILH Chart. I will not share my own username or password with them. I may edit or revoke this proxy access at any time through my MyBILH Chart account or by contacting my provider's office or the Medical Records Department at my care facility.

Signature of Patient

Date



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Family, Friend, and/or Caretaker Access Request and Consent Form

TO BE COMPLETED BY PROSPECTIVE PROXY: This section should be completed by the the parent of a child (patient) under the age of 18, Legal Guardian, Activated Health Care Proxy, or other individual to request access to the patient’s records through MyBILH Chart.

A) Proxy Demographics

Proxy’s Name (<i>please print</i>):	Date of Birth: ____/____/____ Month Day Year	Email Address:
Address:	Telephone Number:	Social Security Number (<i>last 4 digits</i>):

B) I understand and agree that:

- By signing this form, I am authorizing Beth Israel Lahey Health to grant me proxy access to the patient. This will allow me access to their health information through my own MyBILH Chart account. This may include privileged or protected information about my mental health, drug/alcohol use and/or treatment, genetic testing, sexually transmitted disease results and treatment, HIV results and treatment, and other sensitive medical information.
- This authorization is only for MyBILH Chart and not for paper or electronic copies of the patient’s medical records. A different authorization is required for me to obtain copies of those records.
- My proxy access may be revoked by Beth Israel Lahey Health staff if I misuse or abuse my access privileges in any way.
- If the patient is under 18-years-old, my access will be revoked upon their 18th birthday.
- If the patient is under 15-years-old, my access will become limited upon their 15th birthday.
- If the patient has their own MyBILH Chart account, they may edit or revoke my proxy access at any time.

Signature of Proxy

Date

This request MUST be accompanied by a copy of legal paperwork verifying the authority of the patient’s personal representative such as Health Care Agent, Legal Guardian, or Durable Power of Attorney for Healthcare.