



Froedtert Hospital - 9200 West Wisconsin Ave., Milwaukee, WI 53226-3096
 Community Memorial Hospital of Menomonie Falls, Inc. d/b/a Froedtert Menomonie Falls Hospital
 - 19150 N3000 Town Hall Rd., Menomonie Falls, WI 53051
 St. Joseph's Community Hospital of West Bend, Inc. d/b/a Froedtert West Bend Hospital
 - 3200 Pleasant Valley Rd., West Bend, WI 53095
 Holy Family Memorial, Inc. - 2300 Western Ave., PO Box 1450, Marquette, WI 54221-1450

Froedtert Health Neighborhood Hospital, LLC d/b/a Froedtert Community Hospital
 - 4926 S. Moorland Rd., New Berlin, WI 53215
 Froedtert & the Medical College of Wisconsin Community Physicians
 - 110 Lone Oak Ln., Hartford, WI 53027
 Medical College of Wisconsin - 10000 Innovation Dr., Ste 300, Milwaukee, WI 53226

- Limited Access** to my MyChart information. With Limited Access, my proxy will be able to see my information related to billing and payment, including, but not limited to, demographic information, charges, fees, benefits, payment history, bills, and protected health information related to billing and payment. I understand that Limited Access will still allow my proxy to have access to some of my protected health information, including my diagnosis information.
- I understand that it is my responsibility to maintain my MyChart login and password in a secure manner and I agree to change it if it has been or might be compromised in any way. I understand that my proxy is required to use their own MyChart account and their own login and password when accessing my information. I understand that sharing my login and password with anyone, including my proxy, is not permitted, and I agree that I will not share my MyChart login or password with my proxy.
 - I understand that all access to my information through MyChart, by me and by my proxy, is maintained in an electronic audit trail. The audit trail logs every login, view, download, and action taken by me or my proxy. Audit trail information may be monitored or reviewed for appropriate use of the system or to detect unauthorized access. I understand and agree that Froedtert has the right to deactivate my proxy's access or my access to MyChart for any reason, including, for actions that Froedtert determines, in its sole discretion, are unauthorized or inappropriate. Unless access is earlier revoked (as described above), my access and my proxy's access to MyChart will be deactivated when Froedtert becomes aware of my death.
 - I understand that the information disclosed to my proxy includes information that is protected under the Health Insurance Portability and Accountability Act of 1996 and its associated regulations ("HIPAA"). I acknowledge and agree that this authorization is voluntary and the disclosure of my information to the proxy listed below is at my request.
 - I understand that my healthcare treatment, payment, enrollment, or eligibility for benefits will not be conditioned upon my signing this authorization.
 - I understand that information disclosed under this authorization may be subject to redisclosure by my proxy and may no longer be protected by federal privacy regulations.
 - I understand that I am entitled to receive a copy of this authorization after I sign it.

By signing below, I acknowledge and agree that (i) I have read and understand this authorization form; (ii) I authorize the disclosure of my protected health information to my proxy listed below; (iii) I am certifying that I am the patient named in this authorization; and (iv) the information I have provided is correct.

Adolescent Signature: _____ Date/Time: _____

If the child is between the ages of 12- 17 they must sign the line above for proxy to be approved.

Adolescent activation: Check this box if you, the adolescent, would like to have personal access to your MyChart account. (Not required to establish proxy)

Parent or Permanent Legal Guardian Signature: _____ Date/Time: _____

Proxy Name (Printed): _____ Proxy Date of Birth: _____

Proxy Relationship: _____ (Spouse, Parent, Guardian, Family Member, etc.)

Proxy Email: _____ Proxy Phone: _____

Fax completed form to 414-259-1244 or Email: healthinformation@froedtert.com



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