



Patient Name: _____ MRN: _____ Date of Birth: _____ Complete above information or attach patient label to each page.
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Adult Proxy Form (Adult to Adult)

MyLGHealth Terms and Agreement

- **I understand that MyLGHealth is NOT to be used in an emergency.**
- I understand that MyLGHealth Proxy provides access to personal health information regarding the adult consenting permission listed on this form.
- The information disclosed in MyLGHealth will allow me to play a more active role in the healthcare of the patient listed on the "Adult Proxy Form (Adult to Adult)." I understand that additional information may be made available as MyLGHealth continues to evolve, and that I have agreed to the terms and conditions provided upon my MyLGHealth account activation.
- I understand that my activities within MyLGHealth are tracked by computer audits and that entries I make may become part of the medical record of the person listed on the "Adult Proxy Form (Adult to Adult)." This excludes patient or proxy-entered notes that are viewable only by the patient or proxy.
- I understand that by signing this agreement, I must provide Lancaster General Health documentation of my authorization to access the protected health information of the patient listed on the "Adult Proxy Form (Adult to Adult)." I understand that a written request must be made to cancel or revoke this authorization and that any actions taken or access prior to cancellation was authorized by my signature and date on the "Adult Proxy Form (Adult to Adult)." I may also revoke this proxy access any time I wish, via the My Family's Records – Family Access Settings in my MyLGHealth account.
- I understand that Lancaster General Health has the right to de-activate the proxy access to the listed patient's MyLGHealth account for unauthorized or inappropriate actions on my part.
- I understand that proxy access is granted as a means to participate in the healthcare of the adult patient listed in the "Adult Proxy Form (Adult to Adult)" and direct access to their account is not allowed. I also acknowledge that if the adult patient has problems logging into their own MyLGHealth account, they must contact support to gain access and that Lancaster General MyLGHealth support can only respond to the account holder for account inquires.

This form must be completed in the presence of a Lancaster General Health staff member who is not the patient or proxy

I hereby authorize (*Proxy full name*) _____ to access my protected health information using MyLGHealth, and have the ability to act on my behalf via MyLGHealth, as indicated in the "Adult Proxy Form (Adult to Adult)" document. I may revoke this proxy access any time I wish, by means of my personal MyLGHealth Account.

X _____
 Patient's Signature (granting access) _____ Date _____ Time _____

 Patient's Printed Name

I have read and understand the requirements and procedures for accessing a patient's medical record information online as provided above and agree to act as a Proxy for the above mentioned patient.

X _____
 Proxy's Signature (requesting access) _____ Date _____ Time _____

 Proxy's Printed Name

X _____
 LG Health Employee Witness Signature (cannot be patient or proxy) _____ Date _____ Time _____

 LG Health Employee Witness Printed Name





Adult Proxy Form (Adult to Adult)

Patient Name: _____
 MRN: _____
 Date of Birth: _____
Complete above information or attach patient label to each page.

Please fill out all of the required information below in order to have the proxy access created.

Proxy Information - Individual Requesting Access to Another MyLGHealth Account

Full Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: (____) _____ Date of Birth: _____
 Email: _____
 Relationship to patient: Son Daughter Spouse Power of Attorney Other
 If Other, please specify: _____

Patient Information - Individual Granting Access to their MyLGHealth Account

Full Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: (____) _____ Date of Birth: _____
 Email: _____

Office Use Only

Proxy Accounts Linked
 Form Scanned