

## Proxy Invites Terms and Conditions

I understand this authorization is voluntary and made at my request. My proxy is not legally required to keep my health information confidential and I understand it may be re-disclosed and may no longer be protected. **By agreeing to these terms and conditions, I am granting the authorized individual the ability to view my electronic health record.**

**If I choose to grant full proxy access, I understand that my proxy will have full access to my clinical information, which may include sensitive health information, about sexually transmitted infections, alcohol and substance use, HIV/AIDS , behavioral (mental) health, and reproductive health treatment, and genetic information. Full access will also enable my proxy to read, send messages and schedule appointments on my behalf.**

**Any communications through MyChart made by the authorized individual/proxy will become part of my medical record.**

I can revoke my authorization by going to *Share My Record > Friends and Family access > Revoke button*. This will remove the authorized individual's ability to access my MyChart account immediately. I understand any revocation will not apply to information that has already been released in response to this authorization. ***This authorization expires 5 years from this date*** and in order to renew access, a new authorization will be required.