



PT NAME
MR #

One Chart | Patient Adult Proxy Access Request and Authorization Form

This form is used to permit the below named proxy to view the medical record information of the below named patient via an online portal in Nebraska Medicine’s medical records system. Proxy access is controlled by Nebraska Medicine and can be revoked at any time. If approved, proxy access is visible through the proxy’s One Chart | Patient account (which includes access via an online portal, a mobile application, and an inpatient portal [Bedside]). If requesting proxy access to more than one patient, a separate form must be filled out for each request. Please allow 4 business days for processing after receipt of the completed application.

Patient Information: (All sections required – please print clearly)

Patient *(last, first, middle initial)* _____

Date of Birth: _____ Last 4 Numbers of SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Is the patient currently hospitalized? Yes _____ No _____

Name of doctor or clinic visited at Nebraska Medicine (if known): _____

Proxy Information: (All sections required – please print clearly)

Proxy Name *(last, first, middle initial)* _____

Date of Birth: _____ Last 4 Numbers of SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Does the proxy have an active One Chart | Patient portal account? _____ Yes _____ No

Please complete the box that best describes the **type** of proxy access you are requesting:

Adult Patient Proxy

Allow another adult access to the above named Adult Patient’s One Chart | Patient portal record.

Please mark the most relevant relationship this other adult has with the Adult Patient.

Legal Representative of Adult Patient or Person with Power of Attorney for Health Care of Adult Patient:

- The legal representative or person with power of attorney for health care must sign the attestation on this form for proxy access and submit the following documents:
 - ✓ Legal Guardian (court order)
 - ✓ Power of Attorney for Health Care (with current authority)

Legal documentation to support the relationship must be submitted with this form. You must notify One Chart | Patient immediately of any changes in legal authority to act on behalf of a patient.

Check here if documentation is already on file.

Other Adult:

- The patient must sign approval on this form for proxy access to be approved.
- Authorization for proxy access is valid until revoked by the patient.



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PATIENT AUTHORIZATION (to allow another adult access to my One Chart | Patient portal):

- I acknowledge that I have the capacity to grant access to my medical record and consent to the above named individual having access to my health information through One Chart | Patient and/or Bedside. I may revoke this authorization at any time by notifying my provider.
- I acknowledge that it is my responsibility to keep my One Chart | Patient and/or Bedside log-in information confidential or risk others having access to the confidential information contained therein.
- I understand that One Chart | Patient and/or Bedside contains selected, limited medical information from my medical record and that neither one will reflect the complete contents of the medical record. I also understand that a paper copy of my medical record may be requested from Nebraska Medicine’s Health Information Management department.
- I understand that my activities within One Chart | Patient and/or Bedside may be tracked and that entries I make may become part of the medical record.
- I understand that any entries the proxy makes (i.e. self-reported changes to allergies, medications) may become part of my medical record.
- I further agree to abide by the Terms and Conditions of use of One Chart | Patient and/or Bedside, which I have the responsibility to review.

Signature of Patient _____ Date _____

(Signature of patient is required for all adults except in those cases where the proxy has legal authority as noted above.)

ADULT PROXY ATTESTATION (legal representative only):

- **By signing below, I am certifying to the fact that I have legal authority with submitted documents to be proxy for the patient listed above and have all right and authority to view his/her medical information.**
- I acknowledge that it is my responsibility to keep One Chart | Patient and/or Bedside log-in information confidential or risk others having access to the patient's confidential information contained therein.
- I understand that One Chart | Patient and/or Bedside contains selected, limited medical information from a patient’s medical record and that One Chart | Patient and/or Bedside does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient’s medical record may be requested from Nebraska Medicine’s health information management department.
- I understand that my activities within One Chart | Patient and/or Bedside may be tracked and that entries I make may become part of the patient's medical record.
- I understand that if I have knowledge that the patient's capacity or my legal authority with respect to the patient changes that I need to submit documentation to the patient's provider.
- I further agree to abide by the Terms and Conditions of use of One Chart | Patient and/or Bedside which I have the responsibility to review.

Signature of Legal Representative _____ Date _____

OFFICE USE ONLY:

Proxy activation by: _____

Print Full Name

Department

User #

Date

Time

Supporting documents can be submitted with this form in person at a Nebraska Medicine location, or sent by email (HIMproxy@nebraskamed.com), fax (402-559-1340) or by mail to: Nebraska Medicine, Health Information Management Department, 10304 Crown Point Avenue, Omaha, NE 68134-9100. Questions can be directed to: Nebraska Medicine, One Chart | Patient Support Desk, 402-559-0700.