

Authorization for Access to My eChart for St. Anthony Clinic and Hospital Patients

Use this form to request access to view another person’s medical record via MyeChart. You will need to obtain the proper information, including signatures, to obtain access from a patient who is 13 years of age or older.

Proxy Information (Person requesting access to MyeChart): (Please print)

PART A: Proxy Information (Individual requesting access)

Do you currently have My eChart access? Yes ____ No ____

If yes, please provide your name/date of birth/user name and skip to Part B.

Name: _____ Date _____

Address: _____

Phone Number _____ Date of Birth: _____

Email Address: _____

User Name: _____

PART B:

Please list all patients you are requesting access to My eChart below: (Please print)

You will need to complete all information for each patient. **All patients, age 13 and over, must sign a separate form(Authorization for Proxy Access to My eChart Agreement) to grant access.** This information will be reviewed, and St. Anthony may contact the patient to confirm permissions. All requests for proxy access to minors over the age of 13 will be automatically denied unless the minor signs the Authorization for Proxy Access to My eChart Agreement. Existing proxy access for minors under age 13 will automatically be revoked on the minor’s thirteenth birthday unless the minor signs the Authorization for Proxy Access to My eChart Agreement. Patients may revoke proxy access at any time.

| Patient Name | Date of Birth | Relation to Proxy |
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Return completed form to:
St. Anthony Regional Hospital, ATTN: ANALYSTS, 311 S. Clark St., Carroll, IA 51401