

## MyDHR PROXY ACCESS FORM

Patients may designate multiple Proxies, if needed. Only adults ages 18 years and older may act as a Proxy. **TO BE COMPLETED BY PROXY (INDIVIDUAL REQUESTING ACCESS)**

Name: (specify name of Proxy to receive access)

Date of Birth (required):

Address: (Street Address, City, State, Post Code)

Phone Number:

Mobile  Landline

Proxy's Email Address (required):

### AUTHORISATION

- The Patient (or Patient's representative or parent) hereby authorises the disclosure of all medical information about the Patient contained in the Patient's MyDHR account to the person granted Proxy access below. The purpose of this disclosure is to allow the person granted Proxy access to have ongoing access to the medical information of the Patient identified below.
- The Patient (or Patient's representative or parent) understands that the person receiving Proxy access is not a health care provider and the information accessed by the Proxy could be re-disclosed by such person leaving it unprotected.
- Patient (or Patient's representative or parent) understands that he/she may revoke this authorisation at any time, except to the extent that action has been taken in reliance on this authorisation, by using the "Revoke Access" option provided in MyDHR or by contacting the MyDHR team on 02 5124 5000 or at digital.support@act.gov.au
- This authorisation will expire upon withdrawal by the Patient (or Patient's representative or parent) or upon termination of the Patient's MyDHR account or the Proxy's Proxy access.
- The Patient (or Patient's representative or parent) understands that he/she is not required to sign this authorisation form and that signing of this authorisation is not a condition of the provision of treatment or payment.

I have read and understand the Requirements and Procedures regarding Proxy access above. All information I have provided is correct and true. I understand that:

- I must have a MyDHR account to obtain Proxy access to another account.
- I must login to MyDHR with my own User ID & Password when utilising Proxy access
- I agree to abide by the ACTHealth MyDHR Terms and Conditions
- ACT Health reserves the right to revoke Proxy access to a MyDHR account at any time
- I may be requested to supply proof of identity with a valid form of photo ID
- I will be provided a Digital Health Record in the ACT Health System

I am requesting Proxy access for the Patient identified below and I certify that (check one):

- I have been granted the Patient's Health Care Power of Attorney
- I am the Patient's (circle one): Father / Mother
- I am the Patient's Legal Guardian (provide documentation)
- I am the Patient's family/caregiver (describe relationship:  
\_\_\_\_\_)

Are there any Legal/Court issued documents such as Guardianship/Parental Responsibility Orders in place?

No  Yes (provide copies)

I have attached a copy of photo identification (license or passport) with this completed form.

Signature of Proxy: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT INFORMATION****Patient's Name (Required):  
(Required):****Patient's Date of Birth****Patient's Address (Required):**

If Proxy is requesting access to a competent adult (over 15) years old Patient's account and the Patient does not have or want their own MyDHR account, the Patient must sign below, authorising the individual listed to have proxy access to the Patient's MyDHR account.

**Signature of Adult Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note to Requestor: Once you have submitted the Proxy Access form, please allow 5-10 business days for processing. If your request is approved, you will be notified via email of your newly granted proxy access. If you have any questions regarding the status of your submitted form, please contact the MyDHR Team on 02 5124 5000 or at [digital.support@act.gov.au](mailto:digital.support@act.gov.au)

**INTERNAL [ORGANISATIONAL] STAFF USE ONLY:**

Date Received: \_\_\_\_\_ Name of Staff Member who received form: \_\_\_\_\_

Requestor's ID Verified?:  Yes  No

Instructions for Staff:

1. Make a copy of the Proxy Requestor's photo identification card.
2. Scan the photo ID and pages 1 & 2 of the MyDHR Proxy application form into the **Patient's** chart in Epic using the Document type (at the patient level) "MyDHR Proxy Consent."
3. Route the scanned document to your clinic's Administrator InBasket pool for processing.

Completed forms can be emailed to:

Canberra Hospital [CHS.HIS@act.gov.au](mailto:CHS.HIS@act.gov.au)Calvary Public Hospital Bruce [chsnch.his@act.gov.au](mailto:chsnch.his@act.gov.au)