Adolescent Proxy Access Form

Endeavor Health℠

Access to MyEndeavor Account of a Patient 12 to 17 Years Old

You, the parent, legal guardian or personal representative ("Proxy") must complete this Adolescent Proxy Access Form to access the MyEndeavor account and certain medical information of a patient age 12-17 ("Adolescent" or "Patient").

Requirements and Procedures

- Some confidentiality laws in Illinois require an Adolescent patient's consent to allow another person access to that Patient's sensitive medical information. The Adolescent and the Proxy must sign this form to give a Proxy this access.
- Return this completed form in one of the following ways: (1) return a copy of this form to your doctor's office or other Endeavor Health care location; (2) email the completed form to our Health Information Management ("HIM") Department at HIMServices@endeavorhealth.org; (3) mail it to 4901 Searle Pkwy, Suite 170, Skokie IL 60077 Attention: Medical Records Department; or (4) submit the form to HIM via MyEndeavor message. **Please Note: Standard email is not a secure means of communication. By submitting this form via email, you acknowledge and accept the risk that your health information could be intercepted or read by unauthorized third parties during transmission.**
- Birth parent or individual requesting access must have no rights restrictions (e.g. Court Orders, legal guardianship)
- Each Proxy and Patient must have their own MyEndeavor account or a MyEndeavor account will be established
- A Proxy must use their personal MyEndeavor account with their own User ID & Password to access Patient information
- If a patient is incapacitated and cannot make their own decisions, legal documentation is required for increased access. Contact Medical Records at (847) 982-4450 or by email to HIMServices@endeavorhealth.org for more information.

I, the Adolescent Patient, understand and agree that my Proxy can see the following on MyEndeavor account:

- MyEndeavor does not show a patient's complete medical record, only limited medical information. Complete and submit a Request for Information form to the HIM Department at Endeavor Health to obtain a copy of a patient's medical record.
- A Proxy may view sensitive information such as such as medication lists, legal documents (court orders, power of attorney forms, POLST/DNR, and estate planning) test results like genetic testing, genetic counseling, drugs and alcohol history, HIV, sexually transmitted disease (STD), pregnancy, birth control, mental health, and developmental disability, sexual assault/abuse, child abuse and neglect, and information about domestic abuse of an adult with a disability.
- The Patient or Proxy may make a privacy request to the medical provider to hide notes, encounters, and test results from MyEndeavor. Any privacy requests must be made at the start Your visit and not after. Such information will be hidden from the Patient and the Proxy, unless the Patient or your Proxy request a copy of the Patient's medical record.
- Your Proxy will receive the same notices (e.g. emails, text messages, push notifications, MyChart messages, and others) You receive from MyEndeavor about your health.
- The medical information in MyEndeavor may include information from other health facilities You have visited, including those within Endeavor Health. Medical information may also include information from the care you receive from independent medical providers in private practice that license MyEndeavor from Us to store your medical information.

Proxy access to an Adolescent's MyEndeavor Account is revoked when:

- Proxy or Adolescent submits a written request to revoke or revokes online through their MyEndeavor account
- Automatically when the Adolescent turns 18 years old
- Adolescent advises Endeavor Health of his/her emancipated status
- HIM receives a Court Order or an Order of Protection denying access to specific Proxy
- The Proxy will be able to see the Adolescent's medical information on MyEndeavor until it is revoked as above stated. Revocation will not affect any disclosures that were made prior to processing the revocation request.

I, the Proxy and Adolescent, also agree to the following:

- This form only authorizes a specific Proxy to access an Adolescent's MyEndeavor account.
- It is my responsibility to pick a confidential password, to maintain and secure it, and to change it if compromised.
- My actions within MyEndeavor may be tracked by computer audit and may become part of the patient's medical record.
- MyEndeavor is a convenience provided by Endeavor Health to its patients and it has the right to deactivate a patient or proxy's access to MyEndeavor at any time for any reason to the extent necessary and permitted under applicable law and/or by any Endeavor Health policies and practices. Use of MyEndeavor and picking a Proxy is completely voluntary.
- Any Medical information shared with a Proxy on MyEndeavor may be re-disclosed by the Proxy without any security and legal privacy protections.
- I approve the delivery of an activation code to MyEndeavor account to my Proxy's personal email address listed above.
- I agree to abide by the MyEndeavor Terms of Use and the Terms of Use of the Endeavor Health website at www.endeavorhealth.org/terms-of-use . Please review these terms for more information.

I, the Proxy and Adolescent understand and agree that my Guarantor may invite an Authorized Billing User that may see the following within Billing Information:

- Guarantors, who are responsible for paying the Adolescent's medical bills, may invite others to pay a patient's medical bills called an Authorized Billing User ("ABU") and the ABU may access limited medical information to pay medical bills.
- Billing Information contains select, limited medical information related to specific encounters and visits, such as provider names, procedures, and tests. This may include some sensitive information or references to sensitive information such as, test related to genetic testing, genetic counseling, drugs and alcohol, HIV, information about sexually transmitted diseases (STDs), pregnancy, birth control, mental health, and developmental disability.
- ABUs will get the same Billing Information notices (emails, text messages etc.) Adolescent receives from MyEndeavor.
- Billing information shared with an ABU may be re-shared by the ABU without security and legal privacy protections.
- ABUs will see some of the Adolescent's medical information in the Billing Information on MyEndeavor until it is revoked. Revocation will not affect any disclosures that were made prior to processing the revocation request. Proxy and ABU access need separate requests to revoke those types of access to an Adolescent's MyEndeavor account. Requests to revoke ABU and Proxy access can be made through MyEndeavor. Contact MyEndeavor Support for more information.

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

Last: ______________________ First: ______________________ Middle Initial: ________

Gender: ○ Male ○ Female Patient's Date of Birth: ______________________

Street Address: ____

City: ______________________ State: __________ Zip: __________ Phone Number: ______________________

Proxy Information – Name of individual ("Proxy") who will be granted access (All sections required)

Last: ______________________ First: ______________________ Middle Initial: ________

Gender: ○ Male ○ Female Proxy's Date of Birth: ______________________

Email: ______________________

Street Address: ____

City: ______________________ State: __________ Zip: __________ Phone Number: ______________________

__**Signatures**__: By signing this form below, the Adolescent and Proxy named in this form, certify that they have read, understood, and agree to all of the information and terms and conditions in this Adolescent Proxy Access Form and further certify the information provided above is true and accurate, including that the named Proxy receive access to the Adolescent Patient's MyEndeavor account and all information available on that account. The Adolescent and Proxy consent to conduct this transaction electronically and acknowledge that their electronic signatures are the legally binding equivalent of their handwritten signatures under the federal ESIGN Act and the Illinois Uniform Electronic Transactions Act (UETA). The Adolescent Patient and Proxy understand that Endeavor Health does not condition any patient's health care treatment, payment or other services on whether I provide this authorization. Without Patient authorization, access to MyEndeavor will not be granted to the designated Proxy.

______________________ ______________________ ______________

Signature of Proxy *(Required)* **Relationship to Patient** *(Required)* **Date** *(Required)*

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Signature of Adolescent Patient or Authorized Person *(Required)** ○ **POA or** ○ **Legal Guardian** **Date** *(Required)*

***Please Note the following: this Adolescent Proxy Access Form may be executed in one or more counterparts, each of which will be deemed an original but all of which together shall constitute one and the same instrument. Adolescent Patient Signature is not required if the Proxy is an appointed and active healthcare Power of Attorney or provides a court order appointing the Proxy as guardian having full access to the Adolescent Patient's medical information.**

For Endeavor Employee Use Only (*Please Print*):

Confirmed ID/Documentation (circle one):	Yes	No	Name:	Date:
Scanned into Patient's Record (circle one):	Yes	No	Name:	Date:
Proxy Access Status (circle one):	Approved	Denied	Name:	Date: