Northwestern Medicine®

Designation of MyNM Proxy for an Adult Patient

The purpose of this form is to direct Northwestern Memorial HealthCare and its affiliates ("NM") to provide another individual ("Proxy") access to my protected health information ("health information") via MyNM.

My Proxy can:

- View the same health information about me that I can view in MyNM, including diagnoses, medications, allergies, health history, treatment plans, test results, clinical notes, discharge instructions and After Visit Summaries
- Request medication refills
- Request, schedule and manage my appointments
- Send secure messages to my care team
- Utilize new functionality that may become available through MyNM in the future

Once activated, my Proxy can access my health information through their own (the Proxy's) MyNM account. All MyNM users must read and agree to the NM Digital Services Terms and Conditions prior to use.

Patient Information *(This is the individual whose health information will be made available to the Proxy)*

First Name | Last Name | Date of Birth

Street Address | City | State | ZIP

Phone Number | Email Address

Proxy Information *(This is the individual who will be granted access to the patient's health information)*

First Name | Last Name | Date of Birth

Street Address | City | State | ZIP

Phone Number | Email Address

Does the Proxy already have a MyNM account? (select one): ☐ Yes ☐ No ☐ Unsure

Designation of MyNM Proxy

- I am designating the individual named above under Proxy Information as my Proxy.
- I am directing NM to transmit my health information to my Proxy through MyNM and to provide access to other MyNM functionality such as refill requests, appointment scheduling and secure messaging with my clinical team.
- I understand that my Proxy will have the same access and privileges that I have or would have as a MyNM user.
- I understand that my health information in MyNM is obtained from my electronic medical record and may include health information from NM affiliates and other healthcare providers. This health information may include diagnostic information, lab tests, medications, allergies, history and assessment, treatment plans, progress or presence in treatment, clinical notes, discharge summaries and other records pertaining to my treatment. I understand that the health information my Proxy will be able to access may include, if applicable, information about the following: HIV/AIDS; behavioral or mental health; developmental disabilities; treatment for substance (alcohol and/or drugs) use disorder; genetic testing and counseling; artificial insemination; sexual assault/abuse; domestic abuse of an adult with a disability; and child abuse and neglect.
- I have the right to revoke Proxy access at any time, and I can do so through MyNM or by calling the MyNM Help Desk at 855.HLP.MYNM (855.457.6966) TTY 711. **Otherwise, this authorization will expire five years from the date of my signature.**

Time Date Patient Signature

Time Date Signature of (check one): ☐ Guardian ☐ Legal Representative

To submit your request, provide this signed form to your NM physician's office, or:

1. Email it to himmedrc@nm.org
2. Fax it to **312.926.6153**
3. Mail it to **ATTN: Data Integrity, 676 North Saint Clair Street, Suite 1785, Chicago, Illinois 60611**