

The purpose of this form is to direct Northwestern Memorial HealthCare and its affiliates (“NM”) to provide my parent or guardian (“Proxy”) access to my protected health information (“health information”) via MyNM.

My Proxy can:

- View health information about me 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 parent or guardian 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; child abuse and neglect; sexually transmitted illnesses; pregnancy; and birth control.
- I have the right to revoke full Proxy access at any time, which will limit what my parent or guardian can view in MyNM. I can revoke full Proxy access through MyNM or by calling the MyNM Help Desk at 855.HLP.MYNM (855.457.6966) TTY 711. **Otherwise, this authorization will expire on my 18th birthday.**

Time Date Patient Signature

Time Date Signature of (circle one): Guardian Legal Representative

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

1. Email it to himmecr@nm.org
2. Fax it to **312.926.6153**
3. Mail it to **ATTN: Data Integrity, 676 North Saint Clair Street, Suite 1840, Chicago, Illinois 60611**