



St. Margaret's Health  
 Medical Records Department  
 600 E. First Street  
 Spring Valley, IL 61362  
 Phone: 815-664-1549  
 Fax: 815-664-1169

**MyCare Patient Adult Portal Proxy Authorization**

Please complete this form if you are an adult patient at least 18 years of age and want to give another adult access or grant proxy access to your MyCare Patient Portal Account. Also complete this form if you are a legal guardian or have a durable Power of Attorney for Healthcare, of an adult patient and you are requesting proxy access on behalf of that patient. You will be required to provide documentation to show you have legal right to request proxy access. The MyCare Patient Portal account contains limited medical information. If you have questions, please contact St. Margaret's Health Records Department at 815-664-1549.

To request access, you must complete this MyCare Patient Adult Portal Proxy Authorization and mail or fax it to the address above.

**Patient Information: All Information is required.**

**PLEASE PRINT CLEARLY**

Last Name: _____	First Name: _____
Date of Birth: _____	Medical Record Number (if known) _____
E-mail Address: _____	
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Primary Phone Number: _____	
Secondary Phone Number: _____	

**Proxy Information: All information is required.**

**PLEASE PRINT CLEARLY**

**Name of proxy (the person you are granting permission to assess your MyCare patient portal account)**

Last Name: _____	First Name: _____
Date of Birth: _____	Medical Record Number (if known) _____
E-mail Address: _____	
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Primary Phone Number: _____	
Secondary Phone Number: _____	

