MYCHART PROXY ACCESS FORM

MYCHART PROXY ACCESS INFORMATION PAGE

WHAT IS PROXY ACCESS?

MyChart Proxy Access allows a person to access data in another person's medical record. Patients may wish to grant access to a family member and/or friend when they need assistance managing their appointments and other medical needs.

In any proxy relationship, two people are involved. One of these is the person whose chart is being accessed. This person is called the **patient**. The other is the person who needs access to the chart. This person is called the **proxy**.

A patient must give a proxy permission to access their medical information through MyChart by completing and submitting the MyChart Proxy Access Request form. No one should ever access another person's MyChart account unless it has been linked to their own through proxy access.

Adult patients with their own MyChart account can revoke a proxy's access via the patient's own MyChart account at any time.

HOW DO I REQUEST PROXY ACCESS?

Complete and submit the MyChart Proxy Access Request form.

WHAT HAPPENS NEXT?

Once we receive and approve the request form, we will set up the patient's MyChart account for proxy access. If the proxy does not have a MyChart account, we will email a unique access code and activation instructions to the email address provided on the form. The accounts will be linked and available once the account is activated.

Proxies who already have a MyChart account will receive notification through a MyChart secure message when the accounts are linked with proxy access. Expect to have a response within two business days.

MYCHART PROXY ACCESS FORM

DATE: _____

PATIENT INFORMATION: (Completion of all sections required – please print clearly)

Name (last, first, middle initial): _____

Date of Birth: _____   Social Security
Number (Full): _____

Street Address: _____   Phone Number: _____

City:_____   State: _____   Zip: _____

Email Address: _____

PROXY INFORMATION:

Name (last, first, middle initial): _____

Date of Birth: _____   Social Security
Number (Full): _____

Street Address: _____   Phone Number: _____

City:_____   State: _____   Zip: _____

Email Address: _____ Relationship to Patient: _____

TERMS: FOR PATIENT GRANTING ACCESS TO HIS/HER MEDICAL RECORD:

- I understand and agree that access to my protected health information within MyChart is subject to the MyChart Terms and Conditions. I understand that failure to comply with the terms and conditions of use for MyChart may result in the termination of MyChart access privileges.
- I understand that for all medical emergencies, I need to immediately dial 911.
- I understand that the medical information included in MyChart may include medical information considered very personal, including information about sexually transmitted and other communicable diseases, drug and alcohol abuse, HIV/AIDS, and mental health services. My health care provider, its employees, officers and physicians are hereby released from any legal

responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

- I understand that this authorization will continue until revoked. I understand that I may revoke this consent at any time in MyChart or may contact my clinic to have a proxy's access revoked.
- I understand this agreement must be filled out completely, signed and dated. A copy that has not been altered will be considered as valid as the original.
- I acknowledge that I have read and understand this MyChart form. I agree to its terms and choose to designate the person/persons named as my MyChart Proxy, thereby allowing them access to my medical information via MyChart.

ACKNOWLEDGMENT OF TERMS AND SIGNATURE

*
I acknowledge that I have read and understand the MyChart Proxy Access Terms
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Signature of Patient (or authorized person)	Relationship to patient (if applicable)	Date