

Adult (18+) Proxy Access Request Authorization Form

Patient's Information (All sections required - please print clearly)

NAME (Last, First, M.I.):

DATE OF BIRTH:

PHONE NUMBER:

Requestor's Information (All sections required - please print clearly)

NAME (Last, First, M.I.):

DATE OF BIRTH:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

E-MAIL ADDRESS:

Please check the Requestor's relationship to the patient:

- Parent
- Spouse
- Legal Guardian**
- Durable Power of Attorney for Health Care (DPOA)**
- Other (please specify relationship) _____

***This request **REQUIRES** a photo ID and a copy of the legal paperwork verifying the authority of the patient's personal representative (durable power of attorney for health care, court appointed guardian, etc.).*

Acknowledgement

AS THE **PATIENT**, I ACKNOWLEDGE AND AGREE THAT:

- I will comply with the terms and conditions on the MyChart web site and this document. I choose to designate the Requestor above as a proxy to my MyChart account, thereby allowing him/her access to my MyChart protected health information.
- I understand that if I no longer want the Requestor to have access to my MyChart account, I must contact the office/location to which this form was submitted.

Signature of Patient (for non-guardianship related requests)

Date

AS THE **REQUESTOR**, I ACKNOWLEDGE AND AGREE THAT:

- I have not been denied periods of physical placement with the patient and there are no court orders or restraining orders in effect limiting my access to this patient's medical records and/or information.
- I will comply with the terms and conditions on the MyChart web site and this document. I have the proper documentation authorizing me as the legal representative for the patient, thereby allowing me access to his/her protected information through MyChart.
- When my authority to act on behalf of the patient has been inactivated, revoked, terminated, or expired, I must immediately notify this institution in writing of the revocation, termination, or expiration.
- The patient may revoke my access to his/her MyChart account at any time.
- I understand that MyChart contains selected, limited medical information from the patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested.

Signature of Patient's Requestor

Date