



Adult Proxy Form Access to Another Adult's myChart Record

To request access to the myChart record of an adult whose medical care you help manage, please complete this form. The patient must sign this form, unless the proxy is also the patient's legally authorized surrogate decision maker. Please note that the patient's chart will be accessed through your (the proxy's) myChart record. Completing this form will establish a myChart record for you and for the patient.

Your Information (All sections required - please print clearly)

This section should be completed by the individual requesting access to another adult's myChart record.

Name (last, first, middle initial): _____
Social Security Number: _____ Date of Birth: _____
Street Address: _____ City: _____ State: ____ Zip: _____
Email Address: _____ Phone Number: _____
Do you have an active myChart account with MemorialCare ? Yes No Don't Know

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

Complete this section with information about the patient whose myChart record you're requesting to access.

Name (last, first, middle initial): _____
Social Security Number: _____ Date of Birth: _____
Street Address: _____ City: _____ State: ____ Zip: _____
Email Address: _____ Phone Number: _____

myChart Terms and Agreement

By signing below, I understand and agree that:

- myChart is intended as a secure online source of confidential medical information. If I share my myChart ID and password with another person, that person may be able to view my health information, and health information about someone who has authorized me as a myChart proxy;
- It is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way;
- myChart contains selected, limited medical information from a 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 from the patient's health care provider;
- My activities within myChart may be tracked by computer audit and that entries I make may become part of the medical record;
- Access to myChart is provided by MemorialCare as a convenience to its patients and that MemorialCare has the right to deactivate access to myChart at any time for any reason;
- Use of myChart is voluntary and I am not required to use myChart or to authorize a myChart proxy;

- The adult listed above may at any time request that I no longer have access to his/her myChart information;
- MemorialCare and/or subsidiaries and affiliated providers reserve the right to revoke proxy access at any time, for any reason;
- I will (a) send communications on behalf of the adult listed above from that individual's record, (b) receive responses in that individual's record, and (c) receive email alerts to the email address entered in the email field when creating your myChart login; and
- **myChart should never be used for urgent matters.** The anticipated turnaround time for response to electronic messages is 2 business days. Therefore, for all urgent medical matters, I will contact the physician's office by phone, go to an emergency room, or dial 911.

▶ _____ / _____ / _____
Your (Proxy) Signature (Required) Relationship to Patient Date

I acknowledge that I have read and understand this myChart Sign-up form. I agree to its term and choose to designate the person named above as my myChart Proxy, thereby allowing them access to my myChart medical record. I understand that can revoke this designation at any time by contacting your health care provider.

▶ _____ / _____ / _____
Signature of Patient Relationship to Proxy Date
(or legally authorized representative)
(Required)