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 and return it to your Community Care Network Physician's office. The patient must sign this form and provide authorization for release of medical information in MyChart on the "Adult Proxy Authorization Form." 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*) _____ Date of Birth _____

Social Security Number:_____ Email: _____

Street Address: _____ City:_____ State: _____ Zip:_____

Phone Number: _____ Primary Physician: _____

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*) _____ Date of Birth _____

Social Security Number:_____ Email: _____

Street Address: _____ City:_____ State: _____ Zip:_____

Phone Number: _____ Primary Physician: _____

MyChart Terms and Agreement

- I understand 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 or my child's health information, and health information about someone who has authorized me as a MyChart proxy.
- I agree that 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.
- I understand that 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 understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by Community Healthcare System and Community Care Network as a convenience to its patients and that Community Healthcare System and Community Care Network has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

▶ _____ / _____ / _____

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 terms and choose to designate the person named above as my MyChart Proxy, thereby allowing them access to my MyChart medical record.

▶ _____ / _____ / _____

Signature of Patient (or authorized person) (*Required*) **Relationship to Patient** **Date**