

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 or fax the form to the HIM department at **219-513-2564**. 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 Agreemer	nt				

- 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 (Proxv) Signature (Required)	Relation	nship 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.					
	/	/			