



myChart Proxy Form Access to Another Patient's myChart Record

To request access to the myChart record of an adult or child 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.

Step 1:

Your Information (All fields required – print clearly)

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

Name (last, first, middle initial): _____

Date of Birth: _____ Phone Number: _____

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

Email Address: _____

Do you have an active myChart account with MemorialCare? Yes No Don't Know

Step 2:

What type of Access is being requested?

- Adult to Adult Proxy Access: Proceed to Step 2a
- Adult to Minor Proxy Access: Proceed to Step 2b
- Adolescent Authorizing Parent Full Proxy Access: Proceed to Step 2c

Step 2a: Adult to Adult Proxy Access

I am an adult requesting access to another adult's myChart record

I am an adult requesting access to another adult's myChart record where the adult patient is lacking decision making capacity. This access will be granted upon review and confirmation by the clinical team.

Physician Attestation: As the treating physician of the below-identified adult patient, my assessment is that the patient does not possess the maturity or mental capacity to provide the necessary consent to obtain and receive health care services as permitted under California law.

Physician Signature _____ Physician Name _____



Adult Patient's Information (All fields required – print clearly)

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

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

► **Proceed to Step 3 to review the myChart Terms and Agreement.**

Step 2b: Adult to Minor Proxy Access

- I am a parent or legal guardian requesting access to a minor's myChart record
- I am a parent or legal guardian requesting access to a minor's myChart record where the minor is lacking decision making capacity. This access will be granted upon review and confirmation by the clinical team.

Physician Attestation: As the treating physician of the below-identified minor, my assessment is that the minor does not possess the maturity or mental capacity to provide the necessary consent to obtain and receive health care services as permitted under California law.

Physician Signature _____ Physician Name _____

Child(ren) Patient Information (All fields required – print clearly)

Please note the following age range limitations for myChart. These age range limitations do not affect any legal right you have to access your child(ren)'s record by other means. To request a paper copy of your child(ren)'s record, contact your child(ren)'s health care provider.

*** Legal Guardian of Minor must attach a copy of the Court Order Appointing Letters of Guardianship verifying the Proxy's status as permanent legal guardian of the patient.**

- If a child is **age 0-11**: You will be granted full access to the child's myChart record.
- If a child is **age 12-17**: You will be granted partial access to the child's myChart record. (e.g., appointment scheduling, allergies, immunizations).
- Once a child reaches **age 18**, you will no longer have access to the child's myChart record.

Please provide the following information for each child:

A. Name (last, first, middle initial): _____
Date of Birth: _____ Street Address: _____
City: _____ State: ____ Zip: _____



B. Name (*last, first, middle initial*): _____
Date of Birth: _____ Street Address: _____
City: _____ State: ____ Zip: _____

C. Name (*last, first, middle initial*): _____
Date of Birth: _____ Street Address: _____
City: _____ State: ____ Zip: _____

D. Name (*last, first, middle initial*): _____
Date of Birth: _____ Street Address: _____
City: _____ State: ____ Zip: _____

► **Proceed to Step 3 to review the myChart Terms and Agreement.**

Step 2c: Adolescent Authorizing Full Proxy Access for Parent/Legal Guardian

I am an adolescent minor requesting that my parent or legal guardian obtain enhanced, full teen proxy access to my myChart record

Adolescent Patient Information (All fields required – please print clearly)
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Minor Patients age 12-17; please complete this section to grant your parent/legal guardian **FULL** myChart access.

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

I understand that with my signature below, I am granting my parent/legal guardian access to my medical information, including but not limited to: medications, past and future appointments, all messages to and from my provider(s), lab and radiology test results, immunizations and billing information.

► **Proceed to Step 3 to review the myChart Terms and Agreement.**



Step 3: 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 or my child(ren)'s 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;
- If my legal relationship with one of the children listed changes, I must inform the health care team immediately by phone or by written communication;
- MemorialCare and/or its 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 my child(ren) from that child's record, (b) receive responses in that child's record, and (c) receive email alerts to the email address entered in the email field when creating my MyChart login;
- 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)