MyChart ADULT PROXY ACCESS FORM

(Proxy access to the MyChart record of another adult 18 years of age or older)

PATIENT INFORMATION – all fields are required

Name: _____ Date of Birth: _____

Street Address: _____ City/State: _____

Zip Code: _____ Email: _____ Phone Number: _____

SSN*: _____ Gender: ☐ Male ☐ Female

PROXY INFORMATION – all fields are required

Name: _____ Date of Birth: _____

Street Address: _____ City/State: _____

Zip Code: _____ Email: _____ Phone Number: _____

SSN*: _____ Gender: ☐ Male ☐ Female

*Required for authentication purposes

MYCHART PROXY ACCESS GUIDELINES, TERMS & CONDITIONS. A separate form must be completed for each proxy request.

A. Only select **one** from the following two categories to describe the reason to grant the requested proxy access:

- □ **Adult-Adult Access** (MyChart record of another adult 18 years of age or older with capacity to make his/her own healthcare decisions) requires the patient to sign this form and the MyChart "Proxy Access Authorization Form for Release of Information".

  □ **Legal Representative Access** (MyChart record of another adult 18 years of age or older without capacity to make his/her own healthcare decisions) requires a copy of one of the following legal documents; please mark an "x" indicating which document you are submitting:

  □ Court Order for Guardianship
  □ Healthcare Power of Attorney
  □ Other: _____

B. Only select **one** from the following two categories to describe the type of proxy access requested:

□ **Limited Access** – send messages and schedule appointments only
□ **Full Access** – view MyChart record, send messages, and schedule appointments

I acknowledge that I have read and understand the following:

- MyChart records contain selected, limited medical information from the patient's medical record and does not reflect the complete contents of the medical record. A complete copy of the patient's medical record may be requested from the patient's healthcare provider.
- My activities within MyChart are tracked by computer audit, and entries I make can become part of the above-named patient's medical record.
- My proxy access to any information may be terminated at any time by the patient completing the "MyChart Adult Proxy Termination Form".

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- I agree to abide by the Cumberland County Hospital System, Inc.'s MyChart Terms and Conditions which are available at https://mychart.capefearvalley.com.

By signing below, I acknowledge that I am providing documentation of my authorization to access the protected health information of the patient described above. I certify that I am legally authorized to access such information about the above-named patient, and that the information I have provided is true and correct.

Proxy Signature:_____ Date:_____ Time:_____

Print Name:_____

I acknowledge that I have read and understand this MyChart "Adult Proxy Access Form", and that I have read, understand, and signed the MyChart "Proxy Access Authorization Form for Release of Information". I agree to all terms and designate the person named above as my MyChart Proxy, thereby allowing him/her access to my MyChart record containing my protected health information.

Patient Signature:_____ Date:_____ Time:_____

Print Name:_____