

**AUTHORIZATION TO ACCESS AN
ADULT MYCHART RECORD**

Adult myChart Proxy Access to a myChart online record for an adult 18 years of older

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- UMass Memorial Medical Center
- UMass Memorial HealthAlliance-Clinton Hospital
- UMass Memorial - Marlborough Hospital
- UMass Memorial Medical Group - Location: _____

NAME: _____

BIRTHDATE/AGE: _____

SEX: _____

MEDICAL RECORD NUMBER: _____

ECD / ACCOUNT NUMBER: _____

PRINT CLEARLY IN INK OR IMPRINT WITH PATIENT'S CARD

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NOTE: myChart proxy access for myChart is different from a Health Care Proxy. A Health Care Proxy is a document that a patient uses to appoint a Health Care Agent, who can make medical decisions for a patient when a patient is incapacitated. A Proxy for myChart purposes does not permit the designated individual to make health care decisions for the patient. It only permits the myChart Proxy to access the patient's online record and communicate with the patient's clinical team as authorized by the patient.

PATIENT INFORMATION

All Fields are Required.

Patient Name (first, last) _____ **Date of Birth** (mm/dd/yyyy) _____ **Gender** Male Female

Address (street address, city, state, zip) _____ **Email** _____

Phone

Home: _____ Cell: _____

Primary Care Physician (PCP) (name) _____ **PCP Location** _____

Do you have a myChart record? No Yes

myChart Access Level Being Granted to the myChart Proxy:

- Full Access
- View/Read Only
- Scheduling and Messaging Only

- I have read and understood the guidelines regarding myChart online record information including secure patient messaging.
- I authorize UMass Memorial Health Care (UMMHC) to share my myChart online information to the individual listed below (myChart Proxy), per the access level chosen above. This authorization will expire on ____/____/____.

If I do NOT indicate a date, this access will remain in effect until such time that I submit a written request to my physician's office to stop access.

Patient Signature Printed Name Date Time

myCHART PROXY INFORMATION

All Fields are Required.

myChart Proxy Name (first, last) _____ **Date of Birth** (mm/dd/yyyy) _____

Address (street address, city, state, zip) _____ **Email** _____

Phone

Home: _____ Cell: _____

- I have read and understood the requirements for accessing the above named patient's myChart online record information and agree to abide by these requirements. I certify that all the information I have provided is correct.
- I hereby request access to the above named patient's myChart online record, as authorized by the patient. Proxy signature is strongly encouraged, but not required.

myChart Proxy Signature Printed Name Date Time

FOR OFFICE USE ONLY

The patient is under legal guardianship and the authorized representative is authorized to have full access to the patient's health information, including the myChart record. The appropriate legal documents have been reviewed and are in the patient's medical record..

Provider Signature Printed Name Pager Date Time



INFORMATION ON HOW TO ACCESS myCHART RECORDS

ACCESS TO AN ADULT myCHART RECORD

Access to an adult patient's myChart record can be granted when the adult patient permits a designated individual (referred to as a myChart Proxy) access to medical information and the ability to communicate with the adult patient's care team. myChart access is obtained when the adult patient and the individual designated by the patient completes the **Authorization to Access an Adult myChart Record** form and submits the form to the patient's physician's office. The patient indicates which level of access the designated individual should have from the following options: (1) full access, (2) read only or (3) scheduling and messaging only. myChart access may also be granted if an adult, who is not the patient, has appropriate legal documentation that would permit such access. Legal documentation must be provided to and reviewed by the patient's physician's office.

The myChart Proxy's access ends when the patient makes a written or online request to stop access, an expiration date specified by the patient is reached, or the patient revokes access from within the myChart record.

How do I obtain access to another adult patient's myChart record?

- The patient must complete and sign the **Authorization to Access an Adult myChart Record** form. It is strongly encouraged that the Proxy sign as well. Signed forms can be mailed or dropped off at the patient's physician office for review and approval.
- If the patient is unable to complete the form, the individual requesting access must provide legal documentation to support the request, which will be reviewed by the patient's physician's office.
- Once processed, the patient and designated myChart Proxy are emailed notification as to whether access was approved. If the patient does not have a myChart record, notification will be mailed.

