UVA Health

1500000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

ADULT PROXY ACCESS TO MYCHART BY ANOTHER ADULT

Instructions for completing this form:

- Complete this form and either submit it at your clinic visit or to the UVA Health Contact Center
- Photo ID for the patient is required
- Patient must have capacity (e.g. legally able to make their own medical decisions). If not, please seek Caregiver proxy access.
- Patient and proxy must have different e-mails (e.g. not sharing an email account)
- After the form and photo ID are received and the information has been verified, the proxy will receive a time sensitive e-mail with access information

UVA Contact Center
PO Box 800783
Charlottesville, Va. 22908-0793
Email: mychart@uvahealth.org Fax: 434-924-7456 Phone: 434-243-2500

Patient Information

Patient's Name: _____ Date of Birth: _____

Medical Record Number: _____ Phone: _____

Address: _____

Email: _____ ☐ None

I have read and understand the information about proxy for MyChart and terms and conditions for using MyChart. I understand that I must have my own MyChart account. I authorize the below named person to access my MyChart account as my Adult Proxy. I understand that this authorization also allows my health care providers to communicate via MyChart with my Adult Proxy about my health care as well as obtain a copy of my complete patient health record via MyChart if they request. I understand that the information disclosed may be subject to re-disclosure by my Proxy, and would then no longer be protected by federal privacy laws. I understand that UVA Health may not condition its providing of health care on whether I sign this authorization.

Patient Signature: _____ Date: _____

Proxy Information

Proxy Name: _____ Phone: _____

Address: _____

Date of Birth: _____ Email: _____

Medical Record Number: _____ ☐ No UVA Health Medical Record Number

Relationship to patient: ☐Spouse ☐ Son/Daughter ☐ Other- Please specify: _____

Proxy Recipient Signature: _____ Date: _____