

# MyChart Proxy Access Request & Authorization Form

## Requirements:

- In order to grant proxy access to the patient's MyChart account, both the patient and the parent or guardian requesting access must sign this form.
- The proxy will have access to the patient's full MyChart account, including all information available to the patient.
- The proxy must have his/her own UVM Health Network MyChart account in order to access the patient's MyChart account.

## Terms and Conditions

### Patient and Proxy understand that:

- MyChart is a secure online source of confidential health information and is not to be used in an emergency.
- Use of MyChart at UVM Health Network is voluntary and I can refuse to sign this form.
- Patient has the right to revoke this authorization and proxy access at any time.
- MyChart contains selected, limited medical information, and is not the complete medical record. MyChart may include information related to treatment for sexually transmitted diseases, treatment for alcohol or drug use disorders, and treatment for behavioral or mental health conditions.
- Proxy is not bound by state or federal laws that protect the privacy and confidentiality of health information contained in the MyChart account, and could re-disclose my health information accessed in the MyChart account.
- I must select a confidential password, maintain my password securely, and change my password if I believe it has been compromised in any way.
- If I share my MyChart username and password with another person, that person may be able to view MyChart health information.
- My activities in MyChart can be tracked by the system and entries I make may become part of the medical record.
- Access to MyChart is provided by UVM Health Network as a convenience to its patients. UVM Health Network may deactivate access at any time for any reason.
- Parent/Legal Guardian access to this patient's record is terminated when:
  - The patient submits a request to revoke access or revokes access online
  - The patient turns 18 years old
- Communications regarding the patient (whether from the patient directly or from the proxy) must be sent through MyChart from the patient's account. Responses will be received in the patient's account. MyChart email alerts will be sent to the email address associated with the patient's MyChart account.

Completing this form will establish a MyChart record for the patient and/or proxy. If the proxy already has a MyChart account, they will receive a message in their MyChart account when access to the additional patient's record is available.

*Form continues on other side*

**PATIENT: I have read and understand the contents of this form. I agree to designate the person named below as my MyChart proxy, giving him/her access to all of the health information contained in my MyChart account.**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**PROXY 1: I am requesting access to the health information available in MyChart for the patient named above and agree to abide by the above terms and conditions and all other terms and conditions viewable online within MyChart. [mychart.uvmhealth.org]**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Does proxy have a medical record number (MRN)? Yes \_\_\_\_\_ No \_\_\_\_\_

(If not, a MRN will be assigned before proxy access can be granted.)

Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**PROXY 2: I am requesting access to the health information available in MyChart for the patient named above and agree to abide by the above terms and conditions and all other terms and conditions viewable online within MyChart. [mychart.uvmhealth.org]**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Does proxy have a medical record number (MRN)? Yes \_\_\_\_\_ No \_\_\_\_\_

(If not, a MRN will be assigned before proxy access can be granted.)

Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

*\*If you are not the legal guardian of a patient who is under 18 years old, consent from the patient's legal guardian must be provided in the space below in order for you to be granted proxy access.*

**CONSENT FROM PATIENT'S PARENT OR LEGAL GUARDIAN TO SET UP PROXY ACCESS**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

