

MyChart Proxy Access Request & Authorization Form

Requirements:

- Proxy access to a UVM Health Network MyChart account of an adult may be granted by the patient or his/her legal representative.
- Both the person requesting proxy access and the patient or his/her legal representative must sign this form.
- The proxy must have his/her own UVM Health Network MyChart account in order to access the patient's MyChart account.

I 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.
- I have 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 sexually transmitted diseases, treatment for alcohol or drug use disorders, and treatment for behavioral or mental health conditions.
- My proxy is not bound by state or federal laws that protect the privacy and confidentiality of health information contained in the MyChart account, and may redisclose 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 my health information, as well as information about any other patient who as authorized me as a MyChart proxy.
- 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 and for any reason.

Completing this form will establish a MyChart record for the patient and/or proxy. If you already have a MyChart account, you will receive a message in your 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 Authorization Form. I agree to its terms and choose to designate the person named below as my MyChart proxy, thereby allowing access to the health information contained in my MyChart account.

Name: _____

Date of Birth: _____ Email address: _____

Signature: _____ Date & Time: _____

PROXY: THIS PERSON WILL BE GRANTED ACCESS TO THE PATIENT'S MYCHART ACCOUNT*: I am requesting access to the health information available in MyChart for the patient named above, and agree to abide by all terms and conditions set forth in this form and all other terms viewable online within MyChart.

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: THIS PERSON WILL BE GRANTED ACCESS TO THE PATIENT'S MYCHART ACCOUNT*.

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.)

**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: _____

