

If you would like an individual, such as a spouse or a caregiver, to access your MyChart account, you must complete this proxy authorization form.

**PATIENT INFORMATION** (All sections required-please print clearly.)

**This section must be completed with your information.**

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone Number \_\_\_\_\_

**PROXY INFORMATION** (All sections required –please print clearly.)

**This section must be completed with the information of the person you are authorizing to access your account.**

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone Number \_\_\_\_\_

**MyChart Terms and Agreement**

I understand that MyChart is intended to be a secure online source of confidential information. If I share my MyChart ID and password with another person, that person will be able to view my health information, and health information about someone who has authorized me as a MyChart proxy.

I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.

I understand that access to MyChart is provided by Scheurer Hospital as a convenience to its patients and that Scheurer Hospital has the right to deactivate access to MyChart at any time, for any reason.

I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy. I also understand that Scheurer Hospital cannot alter any of my healthcare treatments, payments or other services based on whether I provide proxy authorization. However, I also understand that if I do not provide this authorization, Scheurer Hospital is not permitted to provide access to my MyChart record to any designated proxy.

I authorize the previously mentioned proxy access to my health information that is available from Scheurer Hospital MyChart Record. I authorize release of this information **only** through MyChart record. This form does not authorize release of my medical record to my designated proxy by any other method. I understand that once the information has been disclosed, it potentially may be released by the proxy and this released information may not be covered by federal protections.

By signing below, I acknowledge that I have read and understand the Adult Proxy Form and agree to its terms.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Proxy Signature**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_\_  
**Date**

**Scheurer**  
Better Health. Better Life.

**MyChart ADULT PROXY ACCESS FORM  
PHYSICIAN CLINICS**

10/29/2018

ORIGINAL: MEDICAL RECORDS

YELLOW: PATIENT

Form# 1032

Revised: