

MyChart Adult Proxy Authorization

Patient Information	
Patient Name: _____	DOB: _____
Address: _____	
Contact phone: _____	Email Address: _____
Proxy Information	
Proxy Name: _____	DOB: _____
Address: _____	
Contact phone: _____	Email Address: _____

MyChart Terms and Conditions:

- MyChart provides access to a limited set of medical information such as diagnostic test results, medications, allergies, immunizations and some clinical notes. It does not include the complete contents of the patient's medical record. A request for complete copies of medical records may be requested from the patient's health care provider with proper legal authorization.
- An authorized Proxy has the same access to message providers, request prescription refills, schedule appointments, and any other information the patient has access to in MyChart, including access to certain medical information which is viewable in the patient's MyChart account.
- Proxy activity within MyChart is tracked by computer audit. Any entries made by the Proxy on the patient's behalf will be identified as such and may become part of the patient's medical record.
- I understand that Proxy access may be revoked by the patient within his/her MyChart account at any time or upon written request.
- Full Terms and Conditions are available at: <https://mychart.ynhhs.org/mychart-PRD/default.asp?mode=stdfile&option=termsandconditions>

Authorization for Proxy Access:

I acknowledge that I have read and understand the MyChart Adult Proxy Terms and Conditions and authorize the Proxy named above to access my MyChart account.

Patient/Legal Guardian Signature: _____ **Date:** _____

Relationship to Patient: [] Self [] Legal Guardian/Conservator*

**If relationship is other than patient, legal documentation must accompany this request*

For proxy activation, send completed form and legal documentation, if applicable, to: Fax: 203-688-8155 or E-mail: MyChart.eHIM@ynhh.org.

For Office Use Only

Patient MRN: _____	Proxy Activation Date: _____
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