

MyChart – Access Authorization with Adult Proxy



Patient Information

All fields are required.

Patient Name: _____ DOB: _____
Address: _____ Email address: _____
City, State, Zip: _____ Phone Number: _____

Proxy Information

All fields are required.

Proxy Name: _____ DOB: _____
Address: _____ Email address: _____
City, State, Zip: _____ Phone Number: _____
Relationship to Patient: _____

MyChart Terms and Conditions

I understand the following:

- MyChart contains selected, limited medical information from a patient's medical record and does not reflect the complete contents of the medical record. A paper copy of a patient's medical record may be requested from the patient's health care provider.
- My activities within MyChart are tracked by computer audit, and entries I make can become part of my medical record or the above-named patient's medical record.
- I understand that my access to any information about the patient may be revoked by the patient through a written request.
- I agree to abide by the Yale New Haven Health System MyChart Terms and Conditions, which are available at <https://mychart.ynhhs.org/mychart-PRD/default.asp?mode=stdfile&option=termsandconditions>

By signing below, I acknowledge that I am providing documentation of my authorization to access the protected health information of the patient described above. I certify that I am legally authorized to access such information about the patient named above, and that the information I have provided is true and correct.

Proxy Signature: _____ **Date:** _____

I acknowledge that I have read and understand this MyChart adult proxy form. I agree to its terms and designate the person named above as my MyChart proxy, thereby allowing him/her access to my MyChart medical record.

Patient Signature: _____ **Date:** _____

For Office Use Only

Patient MRN: _____

Proxy Activation Date: _____