## MyChart Proxy Access Request & Authorization Form

## Requirements

- The information available to the proxy will be based on the type of proxy account authorized:
  - o **Default:** A parent or legal guardian may authorize and access a default proxy account.
  - o **Full:** The patient must authorize full proxy access, including for a parent/guardian.
- A proxy must have their own University of Vermont Health Network MyChart account to access the patient's MyChart account.

## **Terms and Conditions**

Patient/representative and proxy understand and agree to the following:

- MyChart is a secure online source of confidential health information and is not to be used in an emergency.
- Use of the UVM Health Network's MyChart is voluntary and I may refuse to sign this form.
- MyChart contains selected medical information and may not be the complete medical record.
- Patient has the right to modify or revoke this authorization for full proxy access at any time. The authorization and full proxy access will remain in place until revoked.
- Proxy access will be granted based on the following:
  - Default: The proxy will be able to view information from the patient's MyChart record including allergies, immunizations, preventative care (health maintenance) items, COVID-19 tests, and growth and weight charts.
     A parent or legal guardian may establish a "default" proxy without the patient's authorization.
  - Full: The proxy will be able view all information that the patient may view. This may include sensitive information regarding substance use disorders, reproductive care, sexually transmitted infections and behavioral or mental health conditions. Patient authorization is required for a "full" proxy account, including for their parents or legal guardians. The patient should only authorize a "full" proxy if they wish the proxy to see all information in their record.
- Each user must select a confidential password and change it if it has been compromised in any way. Each user may not share my username or password with anyone. A user may change their own password at any time.
- Communications in MyChart occur over a secure connection. The proxy may receive email notifications that new
  information about the patient is available through proxy access. These emails will not contain any confidential
  medical information.
- Activities in MyChart can be tracked and any entries the proxy makes may become part of the patient's medical record.
- The UVM Health Network provides access to MyChart as a convenience to its patients. The UVM Health Network may deactivate access to protect the privacy and security of patient information, to prevent harm, or if the proxy violates the terms and conditions of use.
- Proxy access to the patient's record will be modified or terminated when the patient requests a change the type
  of proxyselected ("full" or "default") or the patient turns 18 years old. The patient may then choose to renew
  proxy access.

Complete form on the other side >



## FOR PATIENTS 12-17 YEARS OLD

Completing this form will establish a MyChart record for the 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.

TYPE OF ACCOUNT REQUESTED:	
DEFAULT	FULL
Patient Name:	
Date of Birth:	Email address:
PROXY: 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.	
If the requestor is the patient's parent or legal guardian: I may receive default proxy access without the patient's signature above.	
Name:	
Relationship to Patient:	
Date of Birth:	_Address:
Phone:	_Email address:
Do you have a medical record number(MRN)? YesNo	
(If not, one will be assigned before proxy access can be granted.)	
PATIENT: IF FULL ACCESS IS REQUESTED:	
I authorize the above-named proxy to have a full MyChart proxy account.	
Signature:	Date:

