

# MyChart Proxy Access Request & Authorization Form

## Requirements


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

## Terms and Conditions

The 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 or legal representative has the right to revoke this authorization and proxy access at any time. The authorization and proxy access will remain in place until revoked.
- 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. **Patients should only authorize a proxy if they wish for the proxy to see all information in their record.**
- Each individual 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. My password can be changed at any time.
- Communications in MyChart are secure. 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 made by the patient or proxy may become part of the patient's medical record.
- 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 terms and conditions of use are violated.

*Complete form on the other side >*



**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.

**PATIENT/LEGAL REPRESENTATIVE:** 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, allowing them access to the information contained in my MyChart account.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If Representative:**

Representative Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**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.**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Do you have a medical record number(MRN)? Yes \_\_\_\_\_ No \_\_\_\_\_

(If not, one will be assigned before proxy access can be granted.)