

# MyChart Proxy Access Request & Authorization Form

## Requirements

- The person requesting MyChart proxy access for a University of Vermont Health Network patient must have parental or legal guardianship rights or be authorized by the patient's parent or legal guardian to have a proxy account.
- The parent or legal guardian must sign this form.
- The proxy will have access to the patient's MyChart account.
- The proxy must have their own UVM Health Network MyChart account to access the patient's MyChart account.

## Terms and Conditions

I 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.
- Parent 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.
- With proxy access, I will be able view all information that the parent or legal guardian may view. This may include sensitive information. **Parents or legal guardians should only authorize a proxy if they wish the proxy to see all information in the patient's record.**
- With proxy access, I must select a confidential password and change it if it has been compromised in any way. I may not share my username or password with anyone. I may change my password at any time.
- Communications in MyChart occur over a secure connection. I 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 I make 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 I violate the terms and conditions of use.

- My proxy access to this patient's record will be modified or terminated when:
  - the parent or legal guardian submits a request to revoke access or revokes access online, or
  - the patient turns 12 years old, at which time, all proxy access will convert to a default proxy account. The patient will then have the option to grant full proxy access if they choose.

**Complete form on the other side >**

**Completing this form will establish a MyChart account 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.

**MINOR PATIENT:**

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

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

**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.**

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

Relationship to Patient: \_\_\_\_\_ 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 is granted.)

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

**If proxy is not parent or guardian: I authorize the proxy requester to have MyChart proxy access for the minor patient.**

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_