

## **Adult Proxy Form**

## **Access to Another Adult's MyChart Record**

Signature of Patient (or authorized person) (Required)

To request access to the MyChart record of an adult whose medical care you help manage, please complete this form and return it to your Powers Health Medical Group Physician's office or fax the form to the HIM department at 219-513-2564. The patient must sign this form and provide authorization for release of medical information in MyChart on the "Adult Proxy Authorization Form." Please note that the patient's chart will be accessed through your (the proxy's) MyChart record. Completing this form will establish a MyChart record for you and for the patient.

Tuli access	no results or notes)	cess without sched	duling/messaging)
our Information (All sections re	equired – please print clearly.)		
This section should be completed by the	ne individual requesting access to an	other adult's M	lyChart record.
Name (last, first, middle initial)	Dat	e of Birth	
Social Security Number:	Email:		
Street Address:	City:	State:	Zip:
Phone Number:	Primary Physician:		
atient's Information (All sectio	ns required – please print clear	ly.)	
Complete this section with information			
Name (last, first, middle initial)	Dat	e of Birth	_
Social Security Number:	Email:		
Street Address:	City:	State:	Zip:
Phone Number:	Primary Physician:		
lyChart Terms and Agreeme	nt		
I understand that MyChart is intended as a ID and password with another person, that information about someone who has author I agree that it is my responsibility to select change my password if I believe it may ha I understand that MyChart contains select does not reflect the complete contents of the I understand that my activities within MyChof the patient's medical record. I understand that access to MyChart is profits patients and that Powers Health and Potime for any reason. I understand that use MyChart proxy.  By signing below, I acknowledge that I have	t person may be able to view my or my chiprized me as a MyChart proxy.  a confidential password, to maintain my paye been compromised in any way.  ed, limited medical information from a pation medical record.  nart may be tracked by computer audit and powers Health Medical Group has the right to of MyChart is voluntary and I am not require.	Id's health informassword in a secent's medical record that entries I match Medical Group to deactivate accord to use MyCh	nation, and health cure manner, and to cord and that MyChart ake may become part to as a convenience to cess to MyChart at any nart or to authorize a
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**Relationship to Patient** 

**Date**