

Adult MyChart Proxy Form

Access to Another Adult's MyChart Record

This form allows a competent adult to grant proxy privileges to another individual. To request access to the MyChart record of an adult patient, please complete this form. The adult patient must sign this form. Please note that the adult patient's chart will be accessed through the proxy's MyChart account. By completing this form, you will establish a MyChart account for you and for the adult patient in those cases where the adult patient does not already have a MyChart account.

ADULT PATIENT'S Information (All sections required – PLEASE PRINT LEGIBLY)

Patient name (last, first, middle initial) _____

Date of Birth _____ Social Security Number (last 4 digits only) _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

PROXY Information (All sections required – PLEASE PRINT LEGIBLY)

The **individual requesting access** to an adult's MyChart account should complete this section.

Proxy name (last, first, middle initial) _____

Date of Birth _____ Social Security Number (last 4 digits only) _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

I, the **Proxy**, understand that access to MyChart is provided by Baylor College of Medicine (BCM) as a convenience and that BCM has the right to deactivate access to MyChart at any time for any reason.

I, the **Proxy**, understand I will be given a separate log-in (username and password) to the adult patient's MyChart account and agree not to share it with anyone. If I share MyChart username and password with another person, that person may be able to view the patient's health information and would be a violation of Federal and State laws, resulting in termination of my proxy access to the patient's MyChart and can result in civil penalties against me.

Patient Name _____

- I, the **Proxy**, have been seen as a patient at a Baylor St. Luke's facility.
- I, the **Proxy**, already have an established MyChart account with Baylor College of Medicine.

_____ Date _____

*Signature of **Patient's Authorized Proxy***

I, the **Patient**, understand that MyChart is intended as a secure online source of confidential medical AND billing information about me and choose to designate the person named above as my MyChart Proxy, thereby allowing them access to my health information contained in MyChart.

I, the **Patient**, understand that access to MyChart is provided by Baylor College of Medicine (BCM) as a convenience and that BCM has the right to deactivate access to MyChart at any time for any reason.

I, the **Patient**, understand that the individual identified above as the Proxy will continue to have access to my MyChart until such time as I provide written notification to BCM to terminate their access. I understand that it may take 3 business days from the date of receipt of written notice for BCM to terminate the person's access to my MyChart.

- As a symbol of my agreement to this MyChart Proxy arrangement, I, the **Patient**, am providing a copy of my photo ID.

_____ Date _____

*Signature of **Patient***

Upon completion of this form, please return it and a **photo ID** of the adult patient to the front desk if you are in one of our offices. Otherwise please return these forms via:

Email	smb_myhelp@bcm.edu
Fax	713-798-3477
Mail	Baylor College of Medicine c/o Release of Information Patient Resource Center Two Greenway Plaza Suite 900 Houston, TX 77046

Forms returned at an office or by email will take 3 days to establish the MyChart proxy connection. Requests remitted by fax or mail can take up to 21 days to be completed. If the proxy individual doesn't already have a MyChart account, instructions will be emailed to the provided address.