



MyChart Adult Proxy Form

Access to Another Adult’s HonorHealth MyChart Record

To request access to the MyChart record of an adult whose medical care you help manage, please complete this form. 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.

Proxy Information (All sections required – please print clearly.)

Complete this section with information about the individual having proxy access to the adult patient MyChart record.

Name (last, first, middle initial) _____ Date of Birth _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Patient’s Information (All sections required – please print clearly.)

Complete this section with information about the patient.

Name (last, first, middle initial) _____ Date of Birth _____
Gender: _____ Male _____ Female _____
Email: _____
Street Address: _____ City: _____ State: _____ Zip: _____

MyChart Terms and Agreement Summary

Proxy access for adult patients allows another person, of the patient’s choosing, to link the patient’s MyChart patient portal account to their own patient portal account. Linking the patient’s portal account to their own will allow the proxy to view and manage the personal health information of the patient.

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or my child’s, health information, and health information about someone who has authorized me as a MyChart proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient’s medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient’s medical record may be requested from the patient’s practice and that an additional authorization will be required.
- I understand that if I wish to receive more comprehensive access to my medical record, I will contact the HIM Department.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient’s medical record.
- I understand that access to MyChart is provided by HonorHealth as a convenience to its patients and that HonorHealth has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- Adult proxy access to a patient’s record will be revoked upon the patient’s written request. HonorHealth reserves the right to revoke online access to health information at any time.
- I understand that I may contact HonorHealth at any time to restrict my proxy’s access to my MyChart patient portal account and personal health information.
- I understand that if I share my MyChart health information with a third party, it may no longer be protected under state and federal privacy rules.
- I agree to abide by the terms and conditions of the MyChart website.

