MyChart

Access Authorization to a Adult MyChart Record (Proxy Access) – *Page 1 of 2*

Please complete and return this form by one of the following means:

DELIVER TO	*DELIVER TO*	*FAX TO*	*EMAIL TO*
Clinic	**Health Information Management** 3137 Frontage Road Oakwood, GA 30501	**MyChart Support Helpdesk** 770-219-2667	**MyChart Support Helpdesk** MyChart.Support@NGHS.com

Proxy Access – Adult to Adult

- Obtaining access to a MyChart account that is not your own personal MyChart account is called “proxy access”.
- Adults can give proxy access to a spouse, domestic partner, adult child or a caregiver.
- Once you set up a proxy for an adult patient, this proxy will stay in place until the patient revokes access.
- When proxy access is granted to another individual, you are giving them FULL access to your MyChart account – medication list, lab results, appointments etc.
- To request access to another person’s MyChart account you must complete this form. Note that the patient’s chart will be accessed through your MyChart account. Completing this form will establish a MyChart account for you (if one doesn’t exist) and the adult patient.
- If you have questions, please call MyChart Support in Health Information Management at 770-219-1963 or email at MyChart.Support@NGHS.com.

MyChart Terms and Conditions

- I understand that MyChart is a secure online place for confidential medical information. If I share my MyChart ID and password with another person, that person may be able to look at my health information and health information about someone who has given permission to me as a MyChart proxy.
- I agree to keep my login ID and password secure. I will change my password if I think someone else might know it.
- I understand that by signing this form, I am requesting Northeast Georgia Health System (NGHS) to grant proxy access to the individual named and know that I am giving them FULL access to my MyChart account – medication list, lab results, appointments, billing information, etc.
- I understand that once I have granted proxy access to my MyChart account, this proxy will stay in place until I revoke access. I may revoke access at any time by providing a written request to NGHS at my provider’s office.
- I know that any information disclosed through my MyChart account potentially may be re-disclosed by the proxy and the disclosed information may not be covered by state or federal privacy protections.
- I know that MyChart contains medical information from my medical record and that MyChart does not contain the complete contents of the medical record. I also understand that a paper copy of my medical record may be requested from Health Information Management (HIM) by completing a Consent for Release of Information form. I can obtain a copy of the form online at www.NGHS.com or by stopping by the HIM Department located at 3137 Frontage Road, Oakwood, GA to pick up the form.
- I know that activities within MyChart may be tracked by computer audit and that entries made by myself or my proxy may become part of my medical record.
- I know that access to MyChart is provided by NGHS as a courtesy for its patients and that NGHS has the right to turn off access to MyChart at any time for any reason.
- I understand that this authorization is voluntary. If I do not sign or revoke this authorization, NGHS will still provide treatment to me and will seek payment for services provided. I also understand that if I do NOT provide authorization, NGHS is not permitted to provide access to my MyChart account to my designated proxy.
- I understand that NGHS is not a provider of patient care services; rather, it is a parent organization of a family of affiliate care providers providing health information management services through its Health Information Management department.

Please complete page 2 of this form.

Northeast Georgia Health System

For Clinic Use Only
Place Patient Label Here
Send to HIM to be scanned

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Patient's Information: (All sections are required – please print clearly)
Complete this section with information about the patient whose MyChart account you're requesting access to.

Name: _____ Date of Birth: _____

Email Address: _____ Last 4 digits of SS #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Primary Clinic: _____

You may be asked to send additional documentation

The proxy will be granted the following access (Please check only one option):

- ☐ Healthcare Power of Attorney - If you are selecting power of attorney, please attach a legible copy of the legal document along with this completed form.
- ☐ View Record
- ☐ Send Messages and Schedule Appointments
- ☐ View Record, Send Messages, and Schedule Appointments

Requestor's (Proxy) Information: (All sections are required – please print clearly)
This section must be completed by and about the individual requesting access to the adult patient's MyChart account.

Name: _____

Date of Birth: _____ Last 4 digits of SS #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Primary Clinic: _____ Relationship to Patient: _____

If you are requesting billing access, are you the person responsible for the Patient's bills? (Guardian) ❑ Yes or ❑ No

By signing below, I state that I have read the contents of this MyChart Proxy Authorization Form and I agree to its terms and conditions.

▶ _____/_____/_____
Signature of Patient (or authorized person)* Relationship to Patient Date

▶ _____/_____/_____
Signature of Proxy Relationship to Patient Date

**If person other than the patient signs, indicate authority to sign for patient and attach documentation.*

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