



1500000

PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**ADULT PROXY ACCESS TO MYCHART BY ANOTHER ADULT
PROXY AUTHORIZATION FORM**

Please send the completed form to:

U.S. Mail: UVA MyChart Support, P.O. Box 800783, Charlottesville, VA 22908-0783

EMail: mychart@virginia.edu **Fax:** 434-924-7456

Patient's Name _____ Medical Record Number _____

Date Of Birth _____ Gender M F

Address _____

Patient's email address None _____

Adult seeking proxy access (In person or by phone)

Name _____ Phone _____

Address _____

Date Of Birth _____ Email: _____

UVA Patient – MRN _____ (Must have own MyChart account)

Not UVA Patient

Relationship to patient: Spouse Son/Daughter Other – Please specify:

For Patient:

I have read and understand the information about proxy for MyChart and terms and conditions for using MyChart. I authorize the above named person to access my MyChart account as my Adult Proxy. I understand that this authorization also allows my health care providers to communicate with my Adult Proxy about my health care. This authorization begins when MyChart Proxy is initiated, and will continue until I cancel it. I understand that I may cancel this authorization at any time by contacting my doctor's office or calling 434-243-2500 and asking to have my MyChart Proxy deactivated. This action will not affect any information released prior to notification of cancellation. I understand that the information disclosed may be subject to re-disclosure by my proxy, and would then no longer be protected by federal privacy laws. I understand that the University of Virginia Health System may not condition its providing of health care on whether I sign this authorization. If I have any questions or concerns about the confidentiality of my health information I can call the Corporate Compliance and Privacy Office at 434-924-2938.

Name _____

Signature _____ Date _____ Time _____

For Adult Proxy:

I have read and understand the information about proxy for MyChart and terms and conditions for using MyChart. I request access to the above named patient's MyChart Account.

Name _____

Signature _____ Date _____ Time _____

Proxy identification validated by SW Clinical Support Front Desk Other-Role: _____

Completed by:

Staff Name/Signature/Role _____ Date _____ Time _____

Activation code generated and provided to proxy by:

UVA Contact Center SW Clinical Support Front Desk Other

Role: _____

Staff Name _____ Date _____ Time _____

Proxy deactivated per request of patient by: Clinical Support Front Desk Other-Role: _____

Staff Name _____ Date _____ Time _____