

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

**Place Patient Label****MyChart Proxy Request Form****ADULT**

MyChart Request Form



IDN1510336

To request access to the MyChart record of the above named patient, please complete this form and return it to either the office of the patient's doctor or to the Rush Health Information Management Office via email to [mychartrequest@rush.edu](mailto:mychartrequest@rush.edu), fax to (312) 563-0750, or mail to the following address: **Rush Health Information Management Office, MyChart Proxy Request, 1611 W. Harrison St., L1 – Suite 001, Chicago, IL 60612.**

The above named patient or authorized person must sign this form, which authorizes the release of medical information in MyChart.

Rush typically processes requests received by email or fax within one business day. Requests submitted by mail may take up to five business days after receipt to process. To access the patient's MyChart record, log in to your own MyChart account. If you do not have a MyChart account, you will receive a MyChart activation code so that you can sign up for MyChart and create your own MyChart account. To receive your activation code by email, check the box at the bottom of this form and provide a valid email address. Once you receive your activation code, sign up for MyChart at [mychart.rush.edu](http://mychart.rush.edu). After completing the online sign up process, you can then log in to your MyChart account to access the patient's record.

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

Complete this section with information about the person requesting access to another adult's MyChart record.

Name (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Complete this section with information about the patient whose MyChart record you are requesting to access.

Name (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MyChart Terms and Agreement**

I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart username and password with another person, that person may be able to view all of my available health information, 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 protect my password, and to change my password if I believe it may have been compromised in any way.

I understand that MyChart may contain selected, limited information from the above named patient's medical record, **which may include test results and records related to genetic testing, genetic counseling, drugs and alcohol, HIV, mental health and developmental disability.** I also understand that MyChart does not reflect the complete contents of the medical record and that a paper copy of a patient's medical record may be requested from Rush.

**MyChart Proxy Request Form****ADULT**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

**Place Patient Label**

I understand that my activities within MyChart may be tracked by a computer audit and that entries I make may become part of the above named patient's medical record. I understand that access to MyChart is provided by Rush as a convenience to its patients and that Rush 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.

The full MyChart Terms and Conditions and Proxy Terms and Conditions can be found at [mychart.rush.edu](http://mychart.rush.edu).

By signing below, I acknowledge that I have read and understand this MyChart Proxy Request Form and agree to its terms. I agree to be designated as a MyChart Proxy for above named patient.

**Proxy Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Relationship to Patient:** \_\_\_\_\_ If you would prefer your activation code delivered to a personal email account, provide the address below.

Email address: \_\_\_\_\_ Initials: \_\_\_\_\_

By signing below, I acknowledge that I have read and understand this MyChart Proxy Request Form and agree to its terms. I choose to designate the person named above as a MyChart Proxy, thereby allowing them access to my MyChart record. I **understand that MyChart may contain selected, limited information from my medical record, which may include test results and records related to genetic testing, genetic counseling, drugs and alcohol, HIV, mental health and developmental disability and agree to the release of such information to MyChart.** My authorization to release results and records related to genetic testing, genetic counseling, drugs and alcohol, HIV, mental health and developmental disabilities shall expire three (3) years from the date of my signature, below. I further understand that I can revoke proxy access to my health information at any time by accessing the MyChart website.

**Patient/Authorized Person's Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_ I approve of the use of my proxy's personal email account for delivery of the activation code.**Authorized Person's Relationship to Patient (Select from options below. For these relationships, please attach the appropriate supporting documentation.):**

\_\_\_\_\_ Agent under Durable Power of Attorney for Health Care

\_\_\_\_\_ Legal Guardian of Disabled Adult

**Witness Signature\*:** \_\_\_\_\_**Date:** \_\_\_\_\_**Witness Name (Please Print):** \_\_\_\_\_**Relationship to Patient:** \_\_\_\_\_

**\* Signature of a witness is required because medical information released in MyChart may include test results and records related to genetic testing, genetic counseling, drugs and alcohol, HIV, mental health and developmental disability.**