



PATIENT  
LABEL

## Request Proxy Access to MyChart

To request access to the MyChart record of a patient whose medical care you help manage, please complete this form. The patient or legal guardian must sign the **Patient Proxy MyChart Authorization** form (page 3). If the person requesting access is also the patient's legal representative for his or her medical care, proper legal documentation must accompany this request.

### Proxy Information: (All sections required - please print clearly)

This section should be completed by the individual requesting access to another patient's MyChart record

\_\_\_\_\_  
Name (last, first, middle initial)

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

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

### Patient Information: (All sections required - Please print clearly)

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

\_\_\_\_\_  
Patient's name (last, first, middle initial)

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

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

Do we have permission to leave a telephone message if we have questions about setting up access? ☐ Yes ☐ No

- If you have legal guardianship or medical power of attorney over the above-named patient, you must provide the proper legal documentation to be granted access to the patient MyChart account. In order to participate in eRegistration on behalf of the patient, you must also provide financial power of attorney. All documentation will be reviewed prior to granting access.
- Patient and proxy must both be over the age of 18. If you are the parent or legal guardian of a patient age 0-11 you can request access to your child's MyChart using the **Request for Access to the MyChart of a Minor Patient** form.
  - \*If the patient is a minor between the ages of 12-17 years-old and incapacitated or impaired, a written medical exception request from The Portland Clinic physician must accompany this form for proxy access to be established.
- You must have a MyChart account to use this service. If you do not have an account, you will be provided with information to create your own account even though you may not be a patient at The Portland Clinic.
- Completing this form will establish a MyChart record for you and for the patient.

## MyChart Proxy Agreement

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 and that MyChart may not reflect the complete contents of my medical record. I also understand that a paper copy of the patient's medical record may be requested from The Portland Clinic by completing and submitting a Medical Records Release form.

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 The Portland Clinic as a convenience to its patients and that The Portland Clinic has the right to deactivate access to MyChart at any time for any reason.

By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and the MyChart Proxy Agreement and I agree to all terms.

\_\_\_\_\_  
Proxy Signature (Required)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

## **Patient Proxy MyChart Authorization**

This form is an authorization that will permit The Portland Clinic to release medical information to a designated person other than the patient via MyChart. Please read it carefully.

This form should be completed by the patient who is authorizing another person (called a "proxy") to access medical information in his or her MyChart record. It must accompany the **Request for Proxy Access** form, which provides the name and information of the individual who the patient is authorizing to access their MyChart record as a proxy.

I am requesting that the above-named person (indicated on page 1) receive access to my health information, available in The Portland Clinic MyChart Record. This person is designated as my MyChart proxy. I authorize The Portland Clinic to release the health information contained in my MyChart record to my MyChart proxy. I understand that the medical information in MyChart is obtained from my electronic medical record and may include information from all Portland Clinic facilities.

I authorize release of this information only through my MyChart record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.

I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by state or federal privacy protections.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that The Portland Clinic does not condition any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, The Portland Clinic is not permitted to provide access to my MyChart record to my designated proxy.

**This authorization will remain in effect until I revoke such authorization, it is revoked by law, or I limit its directive.** I may revoke this authorization at any time by providing a written request for revocation to The Portland Clinic at the provider's office. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

I acknowledge that I have read and understand this MyChart Sign-up form. I agree to its terms and choose to designate the person named above as my MyChart Proxy, thereby allowing them access to my MyChart medical record.

**Date:** \_\_\_\_\_

**Signature of Patient (or legally authorized person):** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

If person other than the patient signs, indicate authority to sign for patient (e.g., power of attorney):

\_\_\_\_\_

If patient signature is not attainable, proper documentation must accompany this request, in the form of a court order issuing Medical Power of Attorney, or legal guardianship. As outlined in the case of a minor aged 12-17, a signed note from The Portland Clinic healthcare provider is required.