UNIVERSITY HOSPITAL
Newark, New Jersey

RUTGERS HEALTH

Scan into patient record once completed

REQUEST FOR PROXY ACCESS TO ADULT'S MYCHART ACCOUNT

(please print clearly)

Return completed forms to:
150 Bergen Street, B417
Newark, New Jersey 07103-2425
(973) 972-5608

We are pleased to offer caregivers, legal guardians or specifically authorized adults online access to the medical record of another adult whose medical care they help manage. To request access, please complete this form. The patient must sign this form and provide authorization for release of medical information in MyChart. If the patient is not competent to sign on his/her own behalf, we will require documentation of guardianship or a power of attorney for healthcare decisions.

Patient's Name: _____ **Birth Date:** _____
(first) (m. initial) (last)

Address: _____ **Phone #:** _____
(street address)

_____ **Medical Record #:** _____
(city) (state) (zip code)

- I understand that the health information included in MyChart may include information considered very personal, including information about sexually transmitted and other communicable diseases, drug and alcohol abuse, HIV/AIDS, and mental health services. My health care provider, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.
- I understand that this authorization will continue until revoked. I may revoke this authorization by written request at any time by contacting my provider or the University Hospital Release of Information Department.
- I understand that the revocation will not apply to the Information that has already been released in response to this authorization.
- I understand that failure to comply with the MyChart Terms and Conditions may result in the termination of MyChart access privileges.
- I understand that my provider will not condition treatment on my signing this authorization.
- I understand this authorization must be filled out completely and signed and dated A copy that has not been altered will he considered as valid as the original.
- I acknowledge that I have read and understand this Adult Proxy Access form and that the full MyChart Terms and Conditions are available to me online. I agree to its terms and choose to designate the person named below as my MyChart Proxy, thereby allowing them access to my MyChart.

_____ _____ _____
Signature of Patient (or authorized person) | Relationship to patient (if applicable) | Date

Proxy's Information (Adult requesting access)
(All information is required - please print clearly.)

Name: _____ **Birth Date:** _____ **Last 4 Digits of SSN:** _____
(first) (m. initial) (last)

Address: _____
(street) (city) (state) (zip)

Phone Number: _____ **Email Address:** _____

Relationship to Patient: ❑ Spouse ❑ Adult Child ❑ Caregiver ❑ Legal Guardian
❑ Durable Power of Attorney for Healthcare ❑ Other: _____

Are you also a patient with us? ❑ Yes ❑ No If yes, do you have a MyChart account? ❑ Yes ❑ No

For Adult Proxy requesting access to another adult's MyChart medical record:

- MyChart is intended as a secure online portal for viewing confidential medical information. **I will not share my MyChart username and password with others.** I understand that if I share my username and password with another person, that person may be able to view the patient's medical information
- 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 have read and understand the information about proxy access for MyChart and have access to MyChart Terms and Conditions online
- I request access to the above patient's MyChart account.

This Request will expire in 45 days if you have not activated the MyChart account within that time period.

_____ _____ _____
Accessing Adult Signature (Proxy) | Relationship to Patient | Date

Please include a government issued photo ID with the request. Attach proof of legal guardian status or power of attorney as applicable.