

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

Patient's N	ame:			Birth Date:	
	(first)	(m. initial)	(last)		
Address:		(-hh - d-d)			
		(street address)			
	(city)	(state)	(zip code)	_ Medical Record #:	
	(City)	(State)	(zip code)		
sexually provide	transmitted and other commu	nicable diseases, drug an hysicians are hereby relea	d alcohol abuse, HIV/	considered very personal, includ AIDS, and mental health service sponsibility or liability for disclos	s. My health care
	stand that this authorization wil			orization by written request at any	y time by contacting m
I unders	stand that the revocation will no	ot apply to the Information	that has already beer	n released in response to this au	thorization.
I unders	stand that failure to comply with	n the MyChart Terms and 0	Conditions may result	in the termination of MyChart ac	ccess privileges.
	stand that my provider will not	,	0 0		
as the o	I understand this authorization must be filled out completely and signed and dated A copy that has not been altered will he considered as v as the original.				
	ne. I agree to its terms and cho			the full MyChart Terms and Con ny MyChart Proxy, thereby allowi	
	O'control (Patient		Duluthur	details and the second	
Proxy's Inf	Signature of Patient (or authorized person)	ng access)		ship to patient oplicable)	Date
All informati	(or authorized person) formation (Adult requesting on is required - please print clease)	early.)	(if ap	• •	
All informati	(or authorized person) formation (Adult requesting)	early.)	(if ap	oplicable)	
All informati	(or authorized person) formation (Adult requesting on is required - please print clease) (first) (m. in	itial) (last)	(if ap	oplicable)	
All informati	(or authorized person) formation (Adult requesting on is required - please print clease)	itial) (last)	(if ap	oplicable)	
All informati	(or authorized person) formation (Adult requesting on is required - please print clean (first) (m. in (street))	itial) (last)	(if ap	Last 4 Digi	its of SSN:
All informati	(or authorized person) formation (Adult requesting on is required - please print clean (first) (m. in (street))	itial) (last)	(if ap	Last 4 Digi	its of SSN:
All informati	(or authorized person) formation (Adult requesting on is required - please print clean (first) (m. in (street))	itial) (last)	(if ap	Last 4 Digi (state)	its of SSN:
All informati	(or authorized person) formation (Adult requesting on is required - please print clean (first) (m. in (street)) [Instruction of the content	early.) (last)	(city) Email Add	Last 4 Digition (state)	its of SSN:
ame: ddress: _ hone Nur	(or authorized person) formation (Adult requesting on is required - please print clean (first) (m. in (street)) [Instruction of the content	itial) (last) Itial) Adult Child Power of Attorney for H	(city) Email Add Caregiver ealthcare	Last 4 Digi (state)	its of SSN:
ame: ddress: hone Nur elationsh	(or authorized person) formation (Adult requesting on is required - please print clean (first) (m. in (street)) (street) ip to Patient: Durable	arly.) itial) (last) it) □ Adult Child Power of Attorney for H s □ No If yes,	(if ap (city) Email Add Caregiver ealthcare do you have a MyC	Last 4 Digi (state) dress: Legal Guardian Other:	its of SSN:
ame: ddress: hone Nur elationsh re you als or Adult Pr MyChai passwo	(or authorized person) formation (Adult requesting on is required - please print clean (first) (m. in (street) ip to Patient: Durable of a patient with us? Yes coxy requesting access to an act is intended as a secure online.	arly.) itial) (last) It) Adult Child Power of Attorney for H If yes, other adult's MyChart m e portal for viewing confide	(if application) (if application) (city) Email Add Caregiver ealthcare do you have a MyC edical record: ential medical informa	Last 4 Digi (state) dress: Legal Guardian Other:	(zip)
ame: ddress: hone Nur elationsh re you als or Adult Pr MyChai passwo patient's It is my	(or authorized person) formation (Adult requesting on is required - please print clean (first) (m. in (street)) ip to Patient: ip to Patient: Durable of a patient with us? Yes oxy requesting access to an it is intended as a secure online or with others. I understand its medical information	arrly.) Adult Child Power of Attorney for H No If yes, other adult's MyChart m e portal for viewing confide that if I share my username	(city) Email Add Caregiver ealthcare do you have a MyC edical record: ential medical informate and password with a	Last 4 Digi (state) Iress: Legal Guardian Other: Chart account? Yes N	(zip)
All informati lame: Address: Chone Nur Celationsh Are you als or Adult Pr MyChar passwo patient's It is my it may h I have r	(or authorized person) formation (Adult requesting on is required - please print clean (first) (first) (street in the image) ip to Patient: Spouse Durable of a patient with us? Yes oxy requesting access to an act is intended as a secure online or in the image) is medical information responsibility to select a conficulty and understand the information and understand	Adult Child Adult Child Power of Attorney for H And If yes, Other adult's MyChart m e portal for viewing confident that if I share my username dential password, to maintal way. attion about proxy access	(city) Birth Date: (city) Email Add Caregiver ealthcare do you have a MyC edical record: ential medical informa e and password with a	Last 4 Digi (state) Legal Guardian Other: Chart account? Yes N tion. I will not share my MyCha	(zip)
All informati Name: Address: Phone Nur Relationsh Are you als For Adult Pr MyChar passwo patient's It is my it may h I have r	(or authorized person) formation (Adult requesting on is required - please print clean (first) (first) (m. in (street) ip to Patient: Spouse Durable of a patient with us? Yes oxy requesting access to an act is intended as a secure online ord with others. I understand is medical information responsibility to select a confict ave been compromised in any sead and understand the information access to the above patient's straces are presented.	Adult Child Power of Attorney for H Other adult's MyChart m e portal for viewing confide that if I share my username elential password, to maintal way. attion about proxy access s MyChart account.	(city) Email Add Caregiver ealthcare do you have a MyC edical record: ential medical informa e and password with a	Last 4 Digi (state) Iress: Legal Guardian Other: Chart account? Yes Notes Not	(zip) (zip) Io art username and be able to view the entry password if I believe Conditions online

UH-6857 (3/20) Page 1 of