UNIVERSITY OF ILLINOIS
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MY CHART ADULT PROXY FORM

PLACE PATIENT LABEL HERE

To request access to the MyChart record of adolescent with diminished capacity or adult whose health care you help manage, please complete both pages of this Adult Proxy Form and return it to the office of the patient's provider or to the address shown below. Please note that the patient's chart will be accessed through your own MyChart record. Completing this form will establish a MyChart record for you and for the patient.

Return forms to: UI Health HIM Department (MC 772), MyChart Proxy Request, 833 South Wood Street, Suite B-52, Chicago, IL 60612 or fax to 312.413.8014 or email to recordrequest@uic.edu

Your (Proxy) Information (All sections required – please print clearly.)

Name (last, first, middle initial): _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

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

Name (last, first, middle initial): _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential health information. If I share my MyChart username and password with another person, that person may be able to view my health information.
- 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 it is my responsibility to ensure that my email address is current at all times, and that if my email address is not current I will not receive important messages from MyChart.
- I understand that MyChart contains selected, limited information from my health record and that MyChart does not reflect the complete contents of the health record. I also understand that a complete paper copy of a patient's health record may be requested from UI Health HIM Department.
- I understand that although MyChart contains limited information, individuals with proxy access may have access to information related to behavioral or mental health, developmental disabilities, HIV/AIDS, drugs/alcohol diagnosis and treatment, genetic testing and counseling, sexual assault/abuse, child abuse and neglect, sexually transmitted disease, pregnancy and birth control.

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- I understand that my activities within MyChart may be tracked electronically and that entries I make may become part of the patient's health record.
- I understand that access to MyChart is provided as a convenience to patients and that UI Health has the right to deactivate access to MyChart at any time for any reason.
- I understand that use of MyChart is voluntary and my proxy access can be revoked by the patient in writing to UI Health.

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

_____/_____/_____

Your (Proxy) Signature | **Relationship to Patient** | **Date** *(Required)*

By signing below, I acknowledge that I have read and understand this MyChart Proxy 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 health record.

_____/_____/_____

Signature of Patient (or authorized person*) | **Relationship to Patient** | **Date** *(Required)*

*If person other than the patient signs, indicate authority to sign for the patient (e.g., legal guardian, agent under Durable Power of Attorney for Health Care) and attach documentation.

_____/_____/_____

Signature of Provider** | **Specialty/Location** | **Date** *(Required)*

**Provider signature is required to authorize an access to records of adolescents with diminished capacity.

For Office Use Only

☐ Confirmed ID/Documentation	Name and Date: _____
☐ Approved ☐ Denied	Name and Date: _____
☐ Scanned into Patient's Record	Name and Date: _____
☐ Revoked	Name and Date: _____

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