

Email form to: mycharthelp@wellstar.org OR Fax form to: 770-999-2306  
If you need assistance, please call the MyChart Help Desk at 470-644-0419

### Section 1: Adult Proxy Request

To request access to the MyChart record of an adult patient whose medical care you help manage, please complete this section. The patient must sign this form on page 2 to grant proxy access and provide authorization for release of medical information in the MyChart record. Please note that the patient's chart will be accessed through your (the proxy's) MyChart record. Completing this section will establish a MyChart record for you and for the patient.

#### Your Information (person requesting proxy access)

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

**\*\*All information required - please print clearly\*\***

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### Patient Information

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

**\*\*All information required - please print clearly\*\***

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

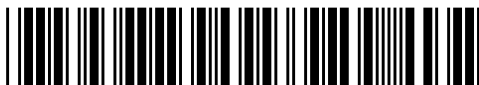
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### MyChart Terms and Conditions

- 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 health information and 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 from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from WellStar's Release of Information department at 770-810-8880.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by WellStar Health System as a convenience to its patients and that WellStar Health system 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 authorize a MyChart proxy.
- I acknowledge that I have read and agree to these terms and conditions.

**Please sign page 2 on the back of this form**



## Section 2: Adult Proxy Authorization for Release of Information (to be filled out by PATIENT)

This section is an authorization that will permit WellStar Health System to release your medical information to your designated adult proxy. Please read it carefully.

This section should be completed by the patient who is authorizing an adult to access medical information in his or her MyChart record. It must accompany the Adult Proxy Request on page 1 of this form, which provides the name and information of the individual whom the patient is authorizing to access their MyChart record as proxy.

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am requesting that (insert name of proxy) \_\_\_\_\_ receive access to my health information that is available in my WellStar MyChart record. This person is my designated MyChart proxy. I authorize WellStar Health System to release the health information contained in my MyChart record to my MyChart proxy. I understand that the medical information in MyChart is obtained by my electronic medical record and may include information from all facilities listed in WellStar's practice directory. I authorize release of any information contained in my MyChart medical record held by WellStar Health System to my designated proxy.

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 information may not be covered by federal privacy protections.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a proxy and I am not required to provide this authorization. I also understand that WellStar 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, WellStar is not permitted to provide access to my MyChart record to my designated proxy.

I may revoke this authorization at any time by contacting my primary care physician or via MyChart. 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.

\_\_\_\_\_  
PATIENT / Authorized Person Signature Date

\_\_\_\_\_  
Relationship to patient (if authorized person)

If person other than the patient signs, indicate authority to sign (e.g. guardian) and attach documentation

**NOTE:** Authorization remains in effect until you deactivate the access of the adult proxy specified above at any time through MyChart or by contacting your primary care physician.

\_\_\_\_\_  
ADULT PROXY Signature Date

\_\_\_\_\_  
Relationship to patient