



PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Please send the completed form to:
U.S. Mail: UVA MyChart Support, P.O. Box 800783, Charlottesville, VA 22908-0783
E-Mail: mychart@virginia.edu Fax: 434-924-7456

**ADULT PROXY ACCESS TO MYCHART BY ANOTHER ADULT
PROXY AUTHORIZATION FORM**

Patient's Name _____ Medical Record Number _____

Date Of Birth _____ Gender M F

Address _____

Patient's email address None _____

Adult seeking proxy access (In person or by phone)

Name _____ Phone _____

Address _____

Date Of Birth _____ Email: _____

UVA Patient – MRN _____ (Must have own MyChart account)

Not UVA Patient

Relationship to patient: Spouse Son/Daughter Other – Please specify:

For Patient:

I have read and understand the information about proxy for MyChart and terms and conditions for using MyChart. I authorize the above named person to access my MyChart account as my Adult Proxy. I understand that this authorization also allows my health care providers to communicate with my Adult Proxy about my health care as well as obtaining a copy of my complete medical record if he or she requests. This authorization begins when MyChart Proxy is initiated, and will continue until I cancel it. I understand that I may cancel this authorization at any time by contacting my doctor's office or calling 434-243-2500 and asking to have my MyChart Proxy deactivated. This action will not affect any information released prior to notification of cancellation. I understand that the information disclosed may be subject to re-disclosure by my proxy, and would then no longer be protected by federal privacy laws. I understand that the University of Virginia Health System may not condition its providing of health care on whether I sign this authorization. If I have any questions or concerns about the confidentiality of my health information I can call the Corporate Compliance and Privacy Office at 434-924-2938.

Name _____

Signature _____ Date _____ Time _____

For Adult Proxy:

I have read and understand the information about proxy for MyChart and terms and conditions for using MyChart. I request access to the above named patient's MyChart Account.

Name _____

Signature _____ Date _____ Time _____

Proxy identification validated by SW Clinical Support Front Desk Other–Role: _____

Completed by:

Staff Name/Signature/Role _____ Date _____ Time _____

Activation code generated and provided to proxy by:

UVA Contact Center SW Clinical Support Front Desk Other

Role: _____

Staff Name _____ Date _____ Time _____

Proxy deactivated per request of patient by: Clinical Support Front Desk Other Role: _____

Staff Name _____ Date _____ Time _____