



1500000

PLACE LABEL HERE.

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

**ADULT PROXY ACCESS TO MYCHART FOR "CAREGIVERS"
PROXY APPLICATION FORM**

Patient's Name _____ Medical Record No. _____

Date Of Birth _____ Gender M F

Address _____

Adult seeking proxy access for an incapacitated adult (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: _____

Legal Surrogate by: Advance Directive Power of Attorney Guardianship

Virginia hierarchy for legal agent Other – Please specify: _____

For legal surrogate seeking proxy access

I have read and understand the information about proxy for MyChart and terms and conditions for using MyChart. I certify that I am a caregiver of the above named patient. All information I have provided is correct. This proxy access must be renewed through the patient's physician's office every 180 days. If the patient regains capacity he/she may deactivate the proxy access. I hereby request access to this patient's MyChart account

Name _____

Signature _____ Date _____ Time _____

Physician review of proxy for incapacitated adult

I have verified the relationship of the person seeing proxy access for the patient's MyChart account.

Form 070861 has been completed as required.

Name _____

Signature _____ Date _____ Time _____

Documentation has been sent to HIS (Check all that apply):

Advance Directive Power of Attorney Guardianship

Proxy Authorization Form Capacity form 070861

Other/Comments

Staff Name _____ Staff Signature /PIC _____

Staff Signature/Role _____ Date _____ Time _____

Activation code instructions provided to proxy by:

UVA Contact Center SW Clinical Support Front Desk Other

Staff Name _____ Date _____ Time _____

Patient regains capacity and requests proxy deactivated.

Deactivation by: Clinical Support Front Desk Other-Role: _____

Staff Name _____ Date/Time _____

To have UVA Contact Center complete the proxy process, please fax completed form to 434-924-7456.