

## TERMS AND CONDITIONS OF MYCHART PROXY ACCESS COMPETENT ADULT PATIENT

By completing this form, an adult patient may authorize a “Proxy” to access to his/her medical information maintained on MyChart.

### TERMS AND CONDITIONS OF PROXY ACCESS

A Proxy’s access to an adult patient’s medical information via MyChart is subject to the following requirements:

#### Authorization

- The patient must authorize, in writing, a Proxy’s access to his/her medical information in MyChart by completing the Adult Patient Proxy Access Authorization (“Authorization”) below.
- The Authorization is valid for one year. Unless the authorization is revoked, the Authorization will automatically extend for additional one year periods.

#### MyChart Access

- Both the patient and the Proxy must complete the applicable MyChart forms, including, but not limited to, the General MyChart Terms and Conditions of Patient Access (“General MyChart Terms and Conditions”).
- All Proxies must have their own MyChart account.
- Information accessible through MyChart may include information from all University of Maryland Medical System hospitals/providers, University of Maryland Faculty Physicians, Inc. and the University of Maryland Faculty Practices.
- A Proxy’s activities in MyChart may be tracked by computer audit and entries by the Proxy may become part of the patient’s medical record.

#### Revocation/Termination of Access

- A patient may revoke an Authorization at any time by notifying **[PROVIDER]** in writing of the revocation.
- Proxies shall provide notice to **[PROVIDER]** immediately if their authority to act as Proxy is terminated or revoked.
- Revocation, expiration or termination of the Proxy’s authority to access medical record information must be immediately reported to **[PROVIDER]** by the patient and/or Proxy. Upon the occurrence of such circumstances, access to the patient’s medical record information on MyChart will be revoked.
- **[PROVIDER]** may revoke a Proxy’s access to patient medical record information at any time in accordance with the General MyChart Terms and Conditions.

#### Redisclosure of Information

- Any re-disclosure of medical record information by the Proxy must be within the scope of the Proxy’s authority to access such information.

## ADULT PATIENT PROXY ACCESS AUTHORIZATION

### I. PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

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

*Street/P.O. Box*

\_\_\_\_\_  
*City, State, Zip Code*

### II. PATIENT AUTHORIZATION

I authorize \_\_\_\_\_ as my Proxy to access to my medical information on MyChart. I understand this Authorization only extends to my Proxy's access via MyChart, it does not authorize my Proxy to access my medical record or any other health information in any other manner. I acknowledge and agree that the Terms and Conditions I signed as a condition of my usage of MyChart continue to apply.

I understand this Authorization is valid for one year from the date of my signature and will automatically extend for one year periods unless revoked. I also understand that I may revoke this Authorization at any time in writing to **[PROVIDER]** and that such revocation will end my Proxy's access to my information on MyChart.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

### III. PROXY INFORMATION

#### A. **General Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

*Street/P.O. Box*

\_\_\_\_\_  
*City, State, Zip Code*

**B. Proxy Agreement and Certification of Authority**

I have read, understand and agree to the Terms and Conditions of Adult Patient Proxy Access above. I certify that I am properly authorized by the patient named herein to access his/her medical information via MyChart.

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Proxy Signature

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Date