

Adult Proxy Access Form for MyChart

For patients 18 years of age and older, a parent, legal guardian or caregiver can request access, with the patient's (or authorized person's) consent, by completing this Adult Proxy Access Form. The patient can also complete this form in MyChart to provide authorization for the release of medical information.

What is proxy access?

Proxy access allows a parent, legal guardian or caregiver to link a patient's MyChart account to their own MyChart account. Linking the patient's MyChart account to their own will allow a parent, legal guardian or caregiver (the proxy) to view and manage the personal health information of the patient.

If the proxy or the patient listed below doesn't currently have a MyChart account, by submitting this form, a MyChart account will automatically be created.

Proxy information (All sections required – please print clearly)

Complete this section with information about the individual who will have proxy access to the adult patient MyChart record.

Name (last, first, middle initial): _____ Date of birth: _____
Street address: _____ City: _____ State: _____ Zip: _____
Phone number: _____ Email: _____

Complete this section with information about the patient.

Name (last, first, middle initial): _____ Date of birth: _____
Gender: _____ Male _____ Female
Email: _____
Street address: _____ City: _____ State: _____ Zip: _____

By signing below, I acknowledge that I have read and understand this Adult Proxy Access Form and agree to the MyChart [terms and conditions](https://mychart.honorhealth.com/terms-and-conditions) found at mychart.honorhealth.com.

▶ _____ / _____ / _____
Proxy signature (required) Relationship to patient Date



By signing below, I acknowledge that I have read and understand this Adult Proxy Access Form, agree to its terms, and choose to designate the person named above as my MyChart Proxy, which will allow them access to my MyChart medical record.

▶ _____ / _____ / _____
Patient signature (or authorized person) (required) Relationship to patient Date

You can submit your completed form to HonorHealth Health Information Management by email (medicalrecordsnssc@honorhealth.com), fax, mail, or you can drop it off in person.

HonorHealth Health Information Management
2500 W. Utopia Road
Phoenix AZ, 85027
Fax: 480-882-5841

You can also bring your completed form to any one of the HonorHealth Medical Records offices located at each of our six medical centers across the Valley.

**HonorHealth Sonoran Crossing
Medical Center**
33400 N. 32nd Ave.
Phoenix, AZ 85085

**HonorHealth Deer Valley Medical
Center**
19829 N. 27th Ave.
Phoenix, AZ 85027

**HonorHealth Scottsdale Shea Medical
Center**
9003 E. Shea Blvd.
Scottsdale, AZ 85260

**HonorHealth John C. Lincoln Medical
Center**
250 E. Dunlap Ave.
Phoenix, AZ 85020

**HonorHealth Scottsdale Osborn
Medical Center**
7400 E. Osborn Road
Scottsdale, AZ 85251

**HonorHealth Scottsdale Thompson
Peak Medical Center**
7400 E. Thompson Peak Pkwy.
Scottsdale, AZ 85255