



MyChart Adult Proxy Form

Access to Another Adult’s HonorHealth MyChart Record

To request access to the MyChart record of an adult whose medical care you help manage, please complete this form, or you can complete the form that is located on the HonorHealth Website at www.honorhealth.com under Patient Resources>MyChart>Proxy form. The patient can electronically sign the online form, or this form and provide authorization for release of medical information in MyChart on the “Adult Proxy Authorization Form.” Please note that the patient’s chart will be accessed through your (the proxy’s) MyChart record. Completing this form will establish a MyChart record for you and for the patient if one does not already exist.

Proxy Information (All sections required – please print clearly.)

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

Name (*last, first, middle initial*) _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Proxy Information (All sections required – please print clearly.)

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: _____

MyChart Terms and Agreement Summary


Proxy access for patients allows another person, of the patient’s choosing, to link the patient’s MyChart patient portal account to their own patient portal account. Linking the patient’s portal account to their own will allow the proxy to view and manage the personal health information of the patient.

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share the MyChart ID and password with another person, that person may be able to view my child’s, health information, and health 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 copy of this patient’s medical record may be requested from any HonorHealth facility, or physician’s practice and that an additional authorization will be required.



- I understand that some information cannot be shared under state and federal requirements, such as protected behavioral health information and/or information about sexual transmitted diseases, etc.
- I understand that if I wish to receive more comprehensive access to a medical record, I will contact the Health Information Management (HIM) Department.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient’s medical record.
- I understand that access to MyChart is provided by HonorHealth and its Affiliates as a convenience to its patients and that HonorHealth 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 to authorize a MyChart proxy.
- Proxy access to a patient’s record can be revoked by the patient in MyChart, or upon written request at any time. HonorHealth and its Affiliates also reserves the right to revoke online access to health information at any time.
- I understand that I may contact HonorHealth or its Affiliates at any time to restrict my proxy’s access to my MyChart patient portal account and personal health information by calling Health Information Management (HIM) at 480-882-4040.
- I understand that if I share my MyChart health information with a third party, it may no longer be protected under state and federal privacy rules.
- I agree to abide by the terms and conditions of the MyChart website and/or Mobile Application.
- MyChart is not to be used in emergency situations. If I have a medical emergency or have an urgent medical question, I will call 911 or contact my health care provider directly.
- I understand that the following items may be disclosed along with other health information in my health record: HIV/AIDS related information and/or records, information about sexually transmitted disease (STD), pregnancy, birth control, drug/alcohol related diagnosis/treatment, referral information, genetic testing information and/or records, information about sexual assault/abuse, information about child abuse/neglect and domestic abuse of an adult with a disability.

By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms. I understand that I may review the entire Terms and Conditions document on the MyChart website at mychart.honorhealth.com.

 _____ / _____ / _____
Proxy Signature (Required) **Relationship to Patient** **Date**



Proxy Signature (*Required*) Relationship to Patient Date

I acknowledge that I have read and understand this MyChart Adult Proxy 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.

▶ _____ / _____ / _____
Signature of Patient (or authorized person) (*Required*) Relationship to Patient Date

Submit Completed Forms to: **HonorHealth - Health Information Management**

Mail: 2500 W. Utopia, Phoenix AZ, 85027

Email: medicalrecordsnssc@honorhealth.com

Fax: 480-882-5841

Forms can also be dropped off at any HonorHealth Medical Records office inside any of our hospitals.