

## Request for MyChart adult proxy access

If you're taking care of a parent or other adult, you may need proxy access to his/her MyChart account to view and manage his or her health information. Once the patient agrees to allow you to serve as his/her proxy by completing the form below, you can link the patient's MyChart account to your MyChart account.

To request access to the MyChart account of the adult whose medical care you plan to help manage, please complete this form and mail or fax it to the address / number below. This will establish a MyChart account for you and for the patient, and you'll be able to access the patient's MyChart account through your own account.

Mail the completed form to:  
**Health Information Management**  
**HonorHealth Network Support Services Center**  
**2500 W. Utopia, Phoenix AZ, 85027**

Or fax the form to **480-882-5841**.  
You can also drop off the form at a Medical Records office inside an HonorHealth hospital.

### **Proxy information** *(All sections required. Please print clearly.)*

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Complete this information about the individual requesting proxy access:

Name (last, first, middle initial) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Patient's information** *(All sections required. Please print clearly.)*

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Complete this information about the patient:

Name (last, first, middle initial) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Female  Male

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

# MyChart terms and agreement summary

## I understand that:

- 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.
- MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my health information, as well as my proxy's health information.
- MyChart contains limited medical information from my medical record and does not reflect the complete contents of the medical record. I also understand that a copy of my medical record may be requested from my physician, or any of the HonorHealth facilities. An additional authorization will be required to have copies of records sent to requestor.
- 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.
- My activities in MyChart may be tracked by computer audit and entries I make may become part of my medical record.
- If I wish to receive more comprehensive access to my medical record, I should contact the Health Information Management Department at HonorHealth.
- Access to MyChart is provided by HonorHealth as a convenience to patients. At any time, HonorHealth has the right to deactivate access to MyChart for any reason. I understand the use of MyChart is voluntary; I'm not required to use MyChart.
- Adult proxy access to my MyChart account will be revoked upon my written request. HonorHealth reserves the right to revoke online access to my health information at any time.
- I may contact HonorHealth at any time to restrict my proxy's access to my MyChart account and personal health information.
- If I share my MyChart health information with a third party (my proxy), it may no longer be protected under state and federal privacy rules.

## I agree:

- It's 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.
- To abide by the terms and conditions listed on AzMyChart.com.

## Please sign below:

I acknowledge that I have read and understand the information on this MyChart sign-up form. I agree to its terms and choose to designate \_\_\_\_\_ as my MyChart Proxy, thereby allowing them access to my MyChart account.



Required: Signature of Patient  
(or authorized person)

Relationship to Patient

Today's Date

I acknowledge that I have read and understand this MyChart sign-up form. I agree to its terms and understand that I may review the MyChart terms and conditions listed on AzMyChart.com.



Proxy Signature (Required)

Relationship to Patient

Today's Date