

MyChart - Adult to Adult Proxy Account Authorization (For patients 18 yrs & older)

Person requesting access must be parent or legal representative and patient must sign authorization form.

Patient Information

Name (last, first, middle initial): _____
Date of Birth: _____ Email: _____
Phone: _____

Person Requesting Access

Relationship to Patient: _____
Name (last, first, middle initial): _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____

Terms & Conditions

I understand that MyChart is intended as a secure online portal for viewing confidential medical information. If I share MyChart ID and password with another person, that person may be able to view 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 the patient may request a copy of his/her medical record from the clinic.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- This form only authorizes access through MyChart and does not authorize release of my medical record to my designated proxy by other methods or in other formats.
- I understand that once information has been disclosed, it potentially may be re-disclosed by my proxy and the disclosed information may not be covered by federal privacy protections.
- I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that Bend Memorial Clinic does not condition any of my health care treatment, payment, or other services on whether I provide this authorization. I know that if I do not provide this authorization Bend Memorial Clinic will not be permitted to provide my designated proxy with access to my MyChart record.
- I understand that access to MyChart is provided by Bend Memorial Clinic as a convenience to its patients and that Bend Memorial Clinic 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.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up form and I agree to its terms.

I acknowledge that I have read and understand this MyChart Sign-up 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.

Patient / Legal Representative Signature: _____ **Date:** _____

Proxy Signature: _____ **Date:** _____