UT Southwestern
Medical Center

# REQUEST FOR MYCHART PROXY ACCESS

Pt. Name: _____

Address: _____

_____

City State Zip

MRN: _____

DOB: _____ SEX: _____

**Terms and Conditions**

Thank you for your interest in UT Southwestern MyChart, our secure online health management tool. Please complete this form to request MyChart Proxy access, which allows a person to access data in another MyChart account. MyChart Proxy access also permits a patient's proxy to use this internet portal to make appointments, request prescription refills, access billing and insurance information, and privately communicate with the patient's physician. **Note: This is a required section and must be completed in its entirety. Both the patient and the proxy designee must have medical record numbers and MyChart accounts for proxy access to be granted.**

In order for your request to be completed, you will need to provide the following information:

Patient Name (Required): _____ Patient Date of Birth (Required): _____

**Proxy Information** (Person to whom you authorize UT Southwestern to release the MyChart record)

**Proxy Information # 1**
Proxy Name #1: _____
Proxy Date of Birth #1: _____
Proxy Relationship to the Patient: _____
Proxy #1 Email Address: _____

**Proxy Information # 2**
Proxy Name #2: _____
Proxy Date of Birth #2: _____
Proxy Relationship to the Patient: _____
Proxy #2 Email Address: _____

By signing this proxy request, I understand that I am giving my permission for UT Southwestern to disclose my protected health information (PHI) through MyChart to my proxy. Information includes, but is not limited to: health summary, current problem list, current medications, lab results, and appointment information. A comprehensive list of information available through MyChart is available at: http://mychart.utsouthwestern.edu.

The information available to my proxy may include information relating to: (1) acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection, (2) treatment for drug or alcohol abuse, (3) sexually transmitted diseases, or (4) mental or behavioral health or psychiatric care.

MyChart proxy request is effective until my MyChart account is inactivated, proxy access is revoked, or when the minor patient reaches the age of 18. The proxy request deactivation includes records that were created or existing on or before the date this form was signed, as well as records that are created after the date this form is signed. If there are extenuating circumstances (e.g., emancipation or by marriage), revocation can be requested younger than 18 years of age.

I understand that I may revoke proxy access at any time by sending a written statement of MyChart proxy revocation to:

UT Southwestern Medical Center
Health Information Management Department - Enterprise Master Patient Index (EMPI)
5323 Harry Hines Blvd., Dallas, Texas 75390-8864
Phone: 214-648-0478

I understand that such a revocation will not have any effect on any information already released to my proxy.

I understand that the proxy access as well as the proxy revocation explained in this form is separate and apart from the Authorization for Verbal Release of Protected Health Information to Designated Persons process at UT Southwestern. If I have executed an Authorization for Verbal Release of Protected Health Information to Designated Persons or presented any other HIPAA Privacy authorization form, the revocation process will be handled according to the terms presented in the HIPAA Privacy forms.

Proxy request is voluntary and I may refuse to sign this form. I understand that I am not required to sign this authorization form in exchange for receiving treatment from UT Southwestern.

If I am executing this form as the patient's responsible party, I attest that all provided documents in support of my right to access the patient's protected health information are the most recent, accurate, and official documents related to this matter. When my legal authority to act on behalf of the patient has been inactivated, revoked, terminated, or expired, I must immediately notify UT Southwestern of the change in authority.

**By my signature below, I hereby affirm that I am the patient identified above** and I am agreeing to allow the above individual(s) proxy access to my MyChart account. I affirm that I have read and agree to be bound by the stated Terms and Conditions. I understand that I may be subject to penalties under law for submitting false or misleading information in connection with this application to access this MyChart service.

| Patient's Printed Name | Patient's Signature | Date |
|---|---|---|
| *Legal Representative's Printed Name | Legal Representative's Signature | Date |

*If representative, specify relationship to the patient*

**Note**: Proof of legal authority may be required for legal representatives.