



1500000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

PARENT/LEGAL GUARDIAN/ANOTHER ADULT PROXY ACCESS TO ADOLESCENT MYCHART (CHILD AGED 13-17 YEARS OLD)

Instructions for completing this form:

To request access, please complete this form and either submit it at your clinic visit or to Health Information Management (HIM), or fax, mail, or email (either as an attachment or a photo of the form) to the UVA Health Contact Center. After the form is received and the information has been verified, you will receive an e-mail with access information.

UVA Health Contact Center

PO Box 800783

Charlottesville, VA 22908-0783

Email: MYCHART@virginia.edu Fax: 434-924-7456 Phone: 434-243-2500

Adolescent's Information

Full Name (last, first, middle): _____ Date of Birth: _____

Email: _____ Medical Record Number: _____

Full Access to All Information, Including All Records (requires adolescent signature)

Bill Pay & Messaging Only (does not require adolescent signature)

I have read and understand the information about proxy for MYCHART and terms and conditions for using MYCHART. I understand that I must have my own MYCHART account. I authorize the named person below to access my entire MYCHART account as my Adult Proxy. I understand that this authorization also allows my health care providers to communicate via MYCHART with my Adult Proxy about my health care as well as obtain a copy of my complete medical record via MYCHART if he/she requests. I understand that the information disclosed may be subject to re-disclosure by my Proxy, and would then no longer be protected by federal privacy laws. I understand that UVA Health may not condition it providing of health care on whether I sign this authorization.

Adolescent Signature: _____ Date: _____

Parent/Guardian/Another Adult Information

Full Name (last, first, middle): _____ Phone Number: _____

Address: _____

Email: _____ Date of Birth: _____

Parent/Legal Guardian Signature: _____ Date: _____

UVA Health Use Only – Team Member Reviewing Request

Proxy Access Status: Approved Not Approved

Team Member Name: _____ User ID: _____ Date: _____