

Adult Needing Additional Accommodations MyChart Proxy Form

Access to an Adult's MyChart Record

MyChart is a patient-accessible website that enables you to interact with your Baylor Medicine healthcare team. To request access to the MyChart record of an adult needing additional accommodations, please complete this form. The adult patient must also sign this form; if the patient is physically unable to sign, they may direct someone else to sign on their behalf. Please note that the adult patient's chart may be accessed through the proxy's MyChart account. By completing this form, you will establish a MyChart account for you, and for the adult patient in those cases where the adult patient does not already have a MyChart account.

PROXY Information (All sections required – PLEASE PRINT LEGIBLY)

The **individual requesting access** to an adult's MyChart record should complete this section.

Proxy name (last, first, middle initial) _____

Date of Birth _____ Social Security Number (last 4 digits) _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

PATIENT Information (All sections required – PLEASE PRINT LEGIBLY)

Patient name (last, first, middle initial) _____

Date of Birth _____ Social Security Number (last 4 digits) _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

I, the **Proxy**, understand that access to MyChart is provided by Baylor College of Medicine (BCM) as a convenience and that BCM has the right to deactivate access to MyChart at any time for any reason.

I, the **Proxy**, understand I will be given a separate log-in (username and password) to the patient's MyChart account and agree not to share it with anyone. 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. If I share MyChart username and password with another person, that person may access the patient's health information and would be a violation of Federal and State laws, resulting in termination of my proxy access to the patient's MyChart record and can result in civil penalties against me.

- I, the **Proxy**, have been seen as a patient at the Baylor St. Luke's Medical Center.
- I, the **Proxy**, already have an established MyChart account with Baylor Medicine.

Date _____

*Signature of **Patient's Authorized Proxy***

I, the **Patient**, understand that MyChart is intended as a secure online source of confidential medical AND billing information about me and choose to designate the person named above as my MyChart Proxy, thereby allowing them access to my health information contained in MyChart.

I, the **Patient**, understand that access to MyChart is provided by Baylor College of Medicine (BCM) as a convenience and that BCM has the right to deactivate access to MyChart at any time for any reason.

I, the **Patient**, understand that the individual identified above as the Proxy will continue to have access to my MyChart until such time as I provide written notification to BCM to terminate their access. I understand that it may take 3 business days from the date of receipt of written notice for BCM to terminate the person's access to my MyChart.

- As a symbol of my agreement to this MyChart Proxy arrangement, I, the Patient, am providing a copy of my photo ID.

Date _____

*Signature of **Patient***

Indicate which of the following valid documents provides authority to sign as Legal Representative for patient. A copy of the chosen document(s) will need to be scanned into the patient's chart if not already provided:

- Driver's License of _____ Birth certificate of _____
- U.S. passport of _____ Visa and foreign passport of _____
- Court Order, dated _____
- Power of Attorney or other Legal Document showing status as Legal Representative

Upon completion of this form, please return it and a **photo ID** of the adult patient to the front desk if you are in one of our offices. Otherwise please return these forms via:

Email smb_myhelp@bcm.edu
 Fax 713-798-3477
 Mail Baylor College of Medicine
 c/o Release of Information
 Patient Resource Center
 Two Greenway Plaza
 Suite 900
 Houston, TX 77046

Forms returned in-person or by email will take 3 days to process. Requests remitted by fax or mail can take up to 21 days to be completed. If the proxy doesn't already have a MyChart account, instructions will be emailed to the provided address.