

## Incapacitated Adult MyChart Proxy Form

### Access to an Incapacitated Adult's MyChart Record

The Texas Constitution and Statutes defines an incapacitated person as a person who, because of a physical or mental condition, is substantially unable to care for himself or herself. 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 incapacitated patient, the patient's legal representative (e.g., personal representative of an estate, etc.) must complete and sign this form. Please note that the incapacitated adult's record will be accessed through the legal representative/proxy's MyChart account. By completing this form, you, as the legal representative will establish a MyChart account as the proxy, and for the incapacitated adult in those cases where a MyChart account does not already exist.

#### PROXY Information (All sections required – PLEASE PRINT LEGIBLY)

The **legal representative 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.

Patient Name \_\_\_\_\_

I understand that MyChart is intended as a secure online source of confidential medical AND billing information. I understand that MyChart contains selected, limited medical information and that it does not contain the complete medical record.

If my relationship as legal representative of the patient changes, BCM must be immediately informed by sending written notice to the BCM health care provider.

I understand that access to the patient's MyChart account will be terminated upon the patient's death in accordance with federal and state laws.

I acknowledge that I have read and understand this form. I agree to its terms and choose to designate myself as the MyChart proxy of the patient listed above, thereby allowing access to the patient's MyChart account.

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

\_\_\_\_\_ Date \_\_\_\_\_  
*Signature of Patient's Legal Representative*

Relationship to 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, **return this form and a copy of your valid document/s** to the front desk. Otherwise please return these forms by:

Email            [smb\\_myhelp@bcm.edu](mailto: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.