



MyChart Proxy Access Request

Giving Others Access to Your Medical Information in MyChart

- A proxy is a person who can access your MyChart account information as if they were you.
- A spouse, adult child, or a caregiver may be granted full access to your MyChart account with Proxy Access.
- In order for an adult proxy (18 or over) to view information in MyChart please complete the form below.
- Authorization for proxy access to an adult patient's account is valid until revoked by the patient, death, or any statutory or regulatory requirement automatically allows the authorization to expire.

1. Patient information: (Patient to which proxy access is requested)

Patient Name: Last _____ First _____ Birthdate (mm/dd/yyyy) _____ Gender M ___ F ___

Address _____

Previous Names _____

Primary Phone _____ Alternate Phone _____ Email _____

Primary Physician _____ Primary Practice or Clinic _____

2. Proxy information: (Person wishing to access patient information by proxy)

Proxy Name: Last _____ First _____ Birthdate (mm/dd/yyyy) _____ Gender M ___ F ___

Address _____

Previous Names _____ Social Security #: _____ - _____ - _____

Primary Phone _____ Alternate Phone _____ Email _____

Does the proxy have an active MyChart account? _____ Has the proxy been patient at a KU Medical Center facility? _____

Relationship to patient:

- Parent
 Spouse
 Durable Power of Attorney for Healthcare (DPOA) *
 Legal Guardian *
 Caregiver for Adult Patient
 Other (specify) _____

**This request must be accompanied by a copy of legal paperwork verifying the relationship of the proxy to the patient.*

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize The University of Kansas Health System to release medical information via MyChart to: The Designated Proxy named above

The following information is to be released: Any and all information as allowed through MyChart (Note that MyChart may not contain your complete medical record.)

- I understand that I have a right to revoke this authorization at any time through MyChart Family Access Settings.
- I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. I authorize the release of these records.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact The University of Kansas Health System Office of Patient Relations at 913-588-1290.
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid, and activation of the My Chart Proxy access feature must occur within sixty days from the date of this authorization.
- I represent that I am 18 years of age or older, or legally emancipated, and have the legal authority to sign this authorization.

_____ / _____ / _____
 Signature of Patient/Authorized Person Relationship to Patient Date
 (parent, guardian, power of attorney, etc.)

Mail or Fax completed form and required documentation to: The University of Kansas Health System-Health Information Management Dept.
5799 Broadmoor, Mission, KS 66202-2417 Fax: 913-588-2495