



## MyChart Adult Proxy Access Request and Authorization Form

If you are an adult patient or the legal representative of an adult patient, please complete this form to authorize another adult to receive proxy access to your Virtua Health MyChart account, which includes information from your care at Virtua Health and certain community providers who use Virtua Health’s electronic medical records system. For purposes of this form, “you”, “your” “I” “me” or “my” refer to the adult patient named below. A proxy can be a spouse, partner, caregiver, adult child, or any other trusted adult designated by you. All fields must be completed. Please submit this completed form to Virtua Health’s Corporate Health Information Management Department via fax to 856-762-2843 or mail to: 406 Lippincott Drive, Suite J, Marlton, NJ 08053.

### Patient’s Information:

Name (first, middle initial, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I choose to designate the individual named below as my proxy, thereby allowing him/her access to my Virtua Health MyChart medical record. I authorize (i) Virtua Health and its covered entity subsidiaries and affiliates and (ii) any community provider who uses Virtua Health’s electronic medical records system, to release all of the information contained in my Virtua Health MyChart medical record to my designated proxy.

### Proxy’s Information (the “Proxy”):

Name (first, middle initial, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Last four digits of social security number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### I understand and agree that:

- This Authorization is voluntary and I am not required to designate a MyChart proxy. Neither Virtua Health nor any of the community providers who use its electronic medical records system may condition any of my health care treatment, payment, or other services on my signing or refusal to sign this Authorization. However, I also understand that if I do not provide authorization, Virtua Health and the participating community providers are not permitted to provide access to my Virtua Health MyChart medical record to the Proxy.
- This Authorization permits the release of my health information to the Proxy through my Virtua Health MyChart only and not by other methods or in other formats.
- My Virtua MyChart medical record contains limited information and does not contain the complete contents of my Virtua Health medical record. If I wish to provide the Proxy with the full contents of my Virtua Health medical record, I will contact my Virtua Health physician practice, the Health Information Management Department at the applicable Virtua Health hospital, or applicable community provider location.
- I understand that my health information disclosed to the Proxy may include information of a more sensitive nature, such as records related to: mental or behavioral health, substance use disorder (drug or alcohol abuse), genetic diseases or testing, sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and birth control and abortion (family planning). I specifically authorize the disclosure of such sensitive health information to my Proxy via my Virtua Health MyChart medical record.
- This Authorization is valid for as long as I maintain my Virtua Health MyChart account or until I revoke (withdraw) this Authorization, whichever comes first. I may revoke this Authorization at any time by submitting a written request to Virtua Health’s Corporate Health Information Management Department via the contact information provided above. My revocation will not apply to disclosures made prior to my revocation request being processed.

- My information that is disclosed to my Proxy pursuant to this Authorization may be subject to re-disclosure by the Proxy and may no longer be protected by federal and state privacy laws.

**By signing below, I acknowledge that I have read, understand, and agree to the information above.**

\_\_\_\_\_  
Signature of Patient or Patient’s Legal Representative (as applicable)      Date \_\_\_\_\_      Time \_\_\_\_\_

\_\_\_\_\_  
Name of Patient’s Legal Representative (Print)      Relationship to Patient or Statement of Authority to act on Patient’s Behalf (i.e. spouse, parent, legal guardian, etc.)

**To be read and completed by the Proxy designated above**

You must have your own Virtua Health MyChart account because the patient’s information will be accessible through your Virtua Health MyChart account. If you do not have a Virtua Health MyChart account, we will send you a Virtua Health MyChart activation code so you can create an account. Please indicate the manner in which you’d like to receive your activation code by checking one of the boxes below.

- Please email my sign-up code to my email address listed above and add or update my email address in my Virtua medical record.
- Please mail my sign-up code to my address listed above.

**Proxy Authorization:**

I understand and agree that:

- I am the proxy for the patient listed above;
- I am 18 years of age or older;
- My information listed above is accurate and complete;
- I have read, understand, and agree to the Terms and Conditions for Virtua Health’s MyChart, which are available on Virtua Health’s MyChart website at <https://www.virtua.org/MyChart>.

**By signing below, I acknowledge that I have read, understand, and agree to the information above.**

Signature of Designated Proxy: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Time: \_\_\_\_\_

**For Internal use only:**

Virtua Employee’s Name:	Virtua Employee’s Signature:	Date: