



MyChart Adult Proxy Access Request and Authorization Form

An adult patient or his/her legal representative may complete this form to authorize another adult (“proxy”) to receive access to his/her Virtua Health (Virtua) MyChart medical record. A proxy can be a spouse, partner, adult child, or any other trusted individual designated by the patient or his/her legal representative. Both the patient or his/her legal representative and the proxy must sign this form. Please submit this completed form to Virtua’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 MyChart medical record. I authorize Virtua and its covered entity subsidiaries and affiliates to release all of the information contained in my Virtua MyChart medical record to my designated proxy.

Proxy’s Information:

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

Address: _____

Last four digits of social security number: _____ Telephone Number: _____

Email Address: _____

I understand that:

- This Authorization is voluntary and I am not required to designate a MyChart proxy. Virtua may not 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 is not permitted to provide access to my Virtua MyChart medical record to my designated proxy.
- This Authorization permits the release of my health information to my designated proxy through my Virtua MyChart medical record 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 medical record. If I wish to provide my designated proxy with the full contents of my Virtua medical record, I will contact my Virtua physician practice or the Health Information Management Department at the applicable Virtua hospital location.
- I understand that my health information disclosed to my designated 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 designated proxy via my Virtua MyChart medical record.
- This Authorization is valid for as long as I maintain my Virtua 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’s Corporate Health Information Management Department via the contact information provided above. My revocation will not apply to disclosures made prior to the processing of my request by Virtua’s Corporate Health Information Management Department.
- My information that is disclosed to my designated proxy pursuant to this Authorization may be subject to re-disclosure by my proxy and may no longer be protected by federal and state privacy laws.



AUTH FOR PHR PROXY ACCESS – ADULT TO ADULT

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 MyChart account because the patient's information will be accessible through your Virtua MyChart account. If you do not have a Virtua MyChart account, we will send you a Virtua 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's MyChart, which are available on Virtua'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:
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