

## Adult MyChart Proxy Form

### Access to Another Adult's MyChart Record

This form allows a competent adult to grant proxy privileges to another individual. To request access to the MyChart record of an adult patient, please complete this form. The adult patient must sign this form. Please note that the adult patient's chart will 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 clearly)

This section should be completed by the **individual requesting access** to an adult's MyChart account.

Proxy name (*last, first, middle initial*) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number (*last 4 digits only*) \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

I 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 understand I will be given a separate log-in (username and password) to the adult patient's MyChart account and agree not to share it with anyone. If I share MyChart username and password with another person, that person may be able to view 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 and can result in civil penalties against me.

- I have been seen as a patient at a Baylor St. Luke's' facility.
- I already have an established MyChart account with Baylor College of Medicine.

\_\_\_\_\_  
Date \_\_\_\_\_

*Signature of Patient's Authorized Proxy*

#### Adult Patient's Information (All sections on next page required – please print clearly)

**Complete this section with information about the adult patient whose MyChart record you are requesting to access.**

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

Patient name (*last, first, middle initial*) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number (*last 4 digits only*) \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

I 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 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 understand that the individual named above 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.

\_\_\_\_\_  
Date \_\_\_\_\_  
*Signature of Patient*

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            [mychart@bcm.edu](mailto:mychart@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 at an office or by email will take 3 days to establish the MyChart proxy connection. Requests remitted by fax or mail can take up to 21 days to be completed. If the proxy individual doesn't already have a MyChart account, instructions will be emailed to the provided address.