



Montefiore

MONTEFIORE MYCHART ADULT PROXY AUTHORIZATION FORM

To be Completed by Patient

Patient Information/Label

Authorization to access another Adult's Montefiore MyChart record. Please complete both pages of this form. This form is an authorization that will permit Montefiore Health System, Inc. to release your medical information to your designated adult proxy, and must be completed by the patient unless the patient lacks capacity. This form is valid until revoked by the patient in writing to Montefiore Health System, Inc..

Return completed forms to: Your Doctor's Office and allow upwards of 48 hours for processing, then contact the Montefiore MyChart Support Staff on 855-226-3069 to activate your proxy relationship.

Please print:

Patient's Information (Person authorizing Montefiore MyChart proxy access)

Name of Patient: _____ Date of Birth: ____/____/____
(Last, first, middle initial)
Street Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Number: _____

Proxy Information (Person requesting Montefiore MyChart proxy access)

Name of Proxy: _____ Date of Birth: ____/____/____
(Last, first, middle initial)
Street Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Number: _____

Relationship to Patient:

Court Appointed Spouse/Domestic Partner Adult Son/Daughter Other

MyChart Terms and Agreement:

- I understand that Montefiore MyChart is intended as a secure online source of medical information containing a limited amount of information obtained from my electronic medical record and may include information from all Montefiore facilities. This may include information about mental health, developmental disabilities, alcohol and/or drug abuse, Acquired Human Immunodeficiency Syndrome (AIDS) or HIV test results, and/or intoxication tests.
- I understand that access to Montefiore MyChart is provided as a convenience to patients and Montefiore has the right to end access to Montefiore MyChart at any time.
- I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by federal privacy protections.
- I understand that designating a Montefiore MyChart proxy is voluntary. I am not required to designate a Montefiore MyChart proxy and I am not required to provide this authorization. I also understand that Montefiore Health System, Inc. does not condition any of my healthcare treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.
- I understand this authorization is valid until I revoke in writing to Montefiore Health System, Inc. If I revoke this authorization, my designated proxy's access to my Montefiore MyChart account will end.
- I understand my revocations will not affect any disclosures that were made prior to processing the revocation.

I acknowledge that I have read and understand the terms contained within this Montefiore MyChart Adult Proxy Authorization Form. I agree to the terms and choose to designate the person named above as my Montefiore MyChart proxy, thereby allowing them access to my health information via Montefiore MyChart.

PATIENT PRINT NAME

SIGNATURE

DATE

Please remember to read and complete page 2 of this form.

**MONTEFIORE
MONTEFIORE MYCHART ADULT PROXY
AUTHORIZATION FORM**

Patient Name: _____

MR #: _____

To be Completed by Proxy

Request to access another Adult's Montefiore MyChart account

To request access to the Montefiore MyChart account of an adult patient whose medical care you help manage, please complete this form. This form is valid until revoked by the patient in writing to Montefiore Health System, Inc.

Return completed forms to: Your Doctor's Office and allow upwards of 48 hours for processing, then contact the Montefiore MyChart Support Staff on 855-226-3069 to activate your proxy relationship.

Please print:

Proxy Information (Person requesting Montefiore MyChart proxy access)

Name of Proxy: _____ Date of Birth: ____/____/____
(Last, first, middle initial)

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Patient's Information (Person authorizing Montefiore MyChart access)

Name of Patient: _____ Date of Birth: ____/____/____
(Last, first, middle initial)

Street Address: _____ City: _____ State: _____ Zip: _____

MyChart Terms and Agreement:

- I understand that Montefiore MyChart is intended as a secure online source of confidential medical information. If I share my Montefiore MyChart ID and password with another person, that person may be able to view my health information or the health information of any person I have proxy access to.
- I understand that Montefiore MyChart contains selected, limited medical information and that Montefiore MyChart does not reflect the complete contents of the patient's medical record.
- I understand that my activities within Montefiore MyChart may be tracked electronically and that entries I make may become part of the patient's medical record.
- I understand that access to Montefiore MyChart is provided as a convenience to patients and Montefiore has the right to end access to Montefiore MyChart at any time.
- I understand that my use of Montefiore MyChart is voluntary and my proxy access can be revoked by the patient in writing to Montefiore Health System, Inc.
- I understand that if the patient lacks capacity to make healthcare decisions, I may be asked to provide documentation that demonstrates my relationship to the patient. If the documentation cannot be supplied, then access to Montefiore MyChart will not be granted.

I acknowledge that I have read and understand the terms contained within this Montefiore MyChart Adult Proxy Request Form. I agree to the terms and choose to be designated Montefiore MyChart proxy, thereby allowing me access to the health information of the patient named above via Montefiore MyChart.

PROXY PRINT NAME

SIGNATURE

DATE

Examples of ID:

1. Government issued ID (e.g. driver license, passport, or non-driver ID)

For office use only: Received by: _____ Date: _____ Department: _____