



REQUEST FOR PROXY ACCESS TO MyChart AND TO PROTECTED HEALTH INFORMATION

** For use in situations ONLY where the patient has diminished capacity to grant access to their MyChart account**

Today's Date: _____

Note: Asterisk () denotes required information.*

Patient Information

*Patient Full Name: _____

*Date of Birth: _____ *Gender (*Circle One*): Male Female

*Home Address: _____ *City/State: _____ *Zip: _____

*E-mail: _____ *Phone: _____

Proxy Information

*Proxy Full Name: _____ *Relationship to Patient: _____

*Date of Birth: _____ *Gender (*Circle One*): Male Female

*Home Address: _____ *City/State: _____ *Zip: _____

*E-mail: _____ *Phone: _____

Please note that the adult (18 or over) proxy will need to log into their own MyChart account in order to view the patient's MyChart account. If the proxy does not have an existing MyChart account, a Sansum Clinic employee will contact them to establish one.

Once this form is received, you will be contacted by a Sansum Clinic employee to confirm your identity and verify this request.

I have read and agree to abide by the MyChart **Terms and Conditions** (*see Notes*), and authorize the adult above to access my medical information in MyChart.

*Proxy Signature: _____ *Date: _____

*Patient Signature: _____ *Date: _____

If the patient is unable to sign this form, please indicate why here: _____

Notes

- a. A copy of the MyChart *Terms and Conditions of Use* is available online at <http://mychart.sansumclinic.org>.
- b. If you have not yet received one upon registration as a patient (or as a proxy), you are also entitled to a copy of the Sansum Clinic *Notice of Privacy Practices* available at any Clinic branch or site. It is also available in our website: www.sansumclinic.org.
- c. If you believe your privacy rights have been violated, please contact the Sansum Clinic Privacy Officer at (805) 692-4624. You may also file a complaint with the Secretary of the Department of Health and Human Services or the U.S. Office for Civil Rights. You will not be penalized for filing a complaint.

Forward filled out form in order to complete the process

- a. Fax to the MyChart HelpDesk: (805) 679-8309, attention "MyChart Proxy Request"
- b. Email scanned form to : wave@sansumclinic.org, with a subject line of "MyChart Proxy Request"
- c. Mail form to: MyChart HelpDesk, 89 S Patterson Avenue, Santa Barbara, CA 93111

** Please note that this form is for use ONLY in situations where the patient has diminished capacity to grant access to their MyChart account. All other requests must be submitted from the patient's MyChart account. The **Grant an Adult Access to Your Record** form can be found on the **My Account** tab in **My Family's Records**.