SENTARA
eCare Health Network

Patient Label

Sentara Healthcare
MyChart Proxy Access

MYCHARTPROXY

Giving Others Access to Your Medical Records

- A proxy is a person who can access your information as if they were you.
- A spouse, adult child, or a caregiver may be granted full access to your medical records with proxy access.
- In order for an adult proxy (18 or over) to view information in MyChart please complete the form below.
- Authorization for proxy access to an adult patient's account is valid until revoked by the patient.
- Authorization for proxy access to a child's account is valid until the child turns 14.

1. Patient information: (Patient to which proxy access is required)

Patient Name_____ Medical Record #_____

Address_____

Previous Names _____ Social Security # _____ Birthdate _____

Home Phone _____ Work Phone _____ Email _____

Primary Physician _____Primary Practice _____

2. Proxy information: (Person wishing to access patient information by proxy) *

Proxy Name_____ Medical Record #_____

Address_____

Previous Names _____ Social Security # _____ Birthdate _____

Home Phone _____ Work Phone _____ Email _____

Do you have an active MyChart account? _____ Have you been a patient at a Sentara Healthcare facility? _____

Relationship to patient:

____ Custodial Parent ____ Legal Guardian ** ____Spouse
____ Non-Custodial Parent ____ Durable Power of Attorney for Healthcare (DPOA) **
____ Caregiver for Senior Patient ____ Other (specify) _____

* *Proper ID must be validated and scanned with this application*
***This request must be accompanied by a copy of legal paperwork verifying the patient's personal representative*

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize Sentara Healthcare to release medical information via MyChart to: The Designated Proxy named above
The following information is to be released: Any and all information as allowed through MyChart.

- I understand that I have a right to revoke this authorization at any time through MyChart Family Access Settings.
- I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact Sentara Privacy Contact at 757-857-8494.
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid, and activation of the My Chart Proxy access feature must occur within thirty days from the date of this authorization.

_____

Signature of Patient/Authorized Person | Authorized Person's Authority to Sign (parent, guardian, power of attorney, etc.) | Date

Reason patient is unable to sign:____ Minor | Other:_____

_____

Signature of Proxy | Date