



For Provider Practice Use Only

Place Patient Label Here

Proxy Access – Adult to Adult

Access Authorization to an Adult MyChart Record

- Obtaining access to a UHS MyChart account that is not your own personal UHS MyChart account is called “proxy access”.
- Adults can give proxy access to another adult such as a spouse, domestic partner, adult child or a caregiver.
- Once you set up a proxy for an adult, this proxy will stay in place until you or your authorized representative revokes access.
- When proxy access is granted to another individual, you are giving them FULL access to your UHS MyChart account – medication list, lab results, appointments etc.
- By completing this form, you are granting proxy access to your UHS MyChart account. This will establish a MyChart account for you (if one doesn't exist) and the adult that you are granting proxy access to. If you have questions, you can call MyChart Support at 607-584-4004.

Please complete and return this form to your providers' office:

<p>DELIVER TO</p> <p>Providers' Office</p>	<p>QUESTIONS?</p> <p>Email: MyChart@nyuhs.org</p> <p>Phone: 607-584-4004</p>
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Requestor's (Proxy) Information: (All sections are required – please print clearly)
 This section must be completed by and about the individual being granted access to your UHS MyChart account.

Name: _____

Date of Birth: _____ Phone Number: _____

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

Email Address: _____

Primary Care Provider: _____ Relationship to Patient: _____

Patient's Information: (All sections are required – please print clearly)
 Complete this section with your (the patients) information.

Name: _____

Date of Birth: _____ Phone Number: _____

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

Email Address: _____

Providers' Name or Practice Name: _____

Please complete page 2 of this form.

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UHS MyChart Terms & Conditions

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- I understand that UHS MyChart is a secure online place for confidential medical information. If I share my UHS MyChart ID and password with another person, that person may be able to look at my health information and health information about someone who has given permission to me as a UHS MyChart proxy.
- I agree to keep my login ID and password secure. I will change my password if I think someone else might know it.
- I understand that by signing this form, I am requesting all United Health Services affiliated entities (including United Health Services Hospitals, Inc., Chenango Memorial Hospital Inc., Delaware Valley Hospital, Inc., Professional Home Care, Inc., Twin Tier Home Health, Inc. and United Medical Associates, P.C.) (collectively the "UHS Entities") to grant proxy access to the individual named and know that I am giving them FULL access to my UHS MyChart account – medication list, lab results, appointments, billing information, etc.
- I understand that once I have granted proxy access to my UHS MyChart account, this proxy will stay in place until I revoke access. I may revoke access at any time by providing a written request to UHS at my provider's office.
- I understand that any information disclosed through my UHS MyChart account potentially may be re-disclosed by the proxy and the disclosed information may no longer be covered by state or federal privacy protections.
- I understand that UHS MyChart contains only some medical information from a patient's medical record and that UHS MyChart does not contain the complete contents of my medical record. I also understand that a paper copy of a patient's medical record may be requested from Medical Records by completing a Medical Record Authorization form. I can obtain a copy of the form online at www.nyuhs.org/patients-visitors/medical-records, by calling 607-763-6015 Option 2 to request a copy or by stopping by the Health Information Management Department located at 33 Lewis Road (1st floor), Binghamton, NY 13905 services to pick up the form.
- I understand that activities within UHS MyChart may be tracked by computer audit and that entries made by myself or my proxy may become part of my medical record.
- I understand that access to UHS MyChart is provided as a courtesy to me and that my access can be turned off at any time for any reason.
- I understand that this authorization is voluntary. If I do not sign or revoke this authorization, the UHS Entities will still provide treatment to me and will seek payment for services provided. I also understand that if I do NOT provide authorization, the UHS Entities are NOT permitted to provide access to my UHS MyChart account to my designated proxy.

By signing below, I state that I have read the contents of this UHS MyChart Proxy Authorization Form and I agree to its terms and conditions.

The UHS Entities comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, visit www.nyuhs.org/patients-visitors/notice-of-nondiscrimination

▶ _____ / _____ / _____
Signature of Patient (or authorized person)* Relationship to Patient Date

▶ _____ / _____ / _____
Signature of Proxy Relationship to Patient Date

*If a person other than the patient signs, indicate authority to sign for patient and attach documentation.