

# The Everett Clinic

For the whole you.

3901 Hoyt Avenue ■ Everett, WA 98201 ■ 425-259-0966

## MYCHART ADULT PROXY FORM

PATIENT LABEL HERE

OR

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

Date of Birth \_\_\_\_\_

MRN \_\_\_\_\_

### Access to Another Adult's MyChart Record:

*To request access to the MyChart Record of an adult whose medical care you help manage, please complete this form. The patient must sign this form and provide authorization for release of medical information in MyChart on the "Adult Proxy Authorization Form". If the patient is not competent to sign on their own behalf, we will require documentation of guardianship or a power of attorney for healthcare decisions. Please note that if you are a patient at The Everett Clinic you will need to have an Active MyChart account because the patient's MyChart account will be accessed through your (the proxy's) MyChart. If you are not a patient at The Everett Clinic, we will set up an account for you once this form has been processed.*

Return all forms to: The Everett Clinic  
Medical Records – Release of Information  
3901 Hoyt Avenue  
Everett, WA 98201  
or Fax: (425) 339-5439

### Completion of **All** sections is required -- please print clearly)

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

Name (last, first, middle initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Patient's Information (**All** sections required -- please print clearly)

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

Name (last, first, middle initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### MyChart Record Terms and Agreement

- I understand that MyChart is intended as a secure online portal for viewing confidential medical information. If I share MyChart ID and password with another person, that person may be able to view health information about someone who has authorized me as a MyChart proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that the patient may request a copy of his/her medical record from the clinic.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.

