MYCHART PROXY ACCESS
REQUEST AND AUTHORIZATION FORM

OVERVIEW

Use this form to give permission for another adult to have access to your MyChart account.

MyChart is a secure online service that connects to information in your personal medical record. With proxy access, another person can view your personal medical information, as well as use clinic services on your behalf, such as sending messages and managing appointments.

INFORMATION AND SERVICES AVAILABLE IN MYCHART

This instance of MyChart connects to information in the records of:

- UW Health (the integrated health system of the University of Wisconsin-Madison)
- Quartz Health Solutions
- Access Community Health Centers (providing health care in the greater Madison area)

Information includes:

- Allergies
- Appointments
- Billing information
- Care plans and goals
- Health issues / diagnoses
- Health reminders
- Immunizations
- Medical history
- Medications and prescriptions
- Messages with clinic staff
- Phone, address, and email
- Test results
- Visit summaries and After Hospital Care Plans

New information and features are added regularly
Visit uwhealthmychart.org to learn more

STEPS TO REQUEST PROXY ACCESS

1) The person who will access the account of the patient is called the “proxy.” The proxy must first activate his/her own MyChart account before proxy access can be set up. Online activation is available at uwhealthmychart.org

2) Both the patient and proxy must fill out and sign the Request and Authorization Form.

3) Mail or fax the completed form to UW Health. The address and fax are on the bottom of the form.

4) The Health Information Management Department will review the request and ensure all required information is on file. If appropriate, MyChart proxy access will be granted. Requests are normally processed in 3 to 5 business days.

When access is granted, a link to the patient’s MyChart account will be available within the proxy’s personal MyChart account. The proxy will log in to MyChart with his/her personal ID and password, and then select the patient’s account to view information.

Please note: If you are requesting this access as an Activated Power of Attorney for Health Care or Court Appointed Legal Guardian, a different form must be used. Please use the form “MyChart Proxy Access Request for Power of Attorney for Health Care and/or Court Appointed Legal Guardian.”
Adult patients may use this form to grant authorization for another adult to access his/her MyChart account.

**PATIENT INFORMATION** (All sections required – please print clearly)

<table>
<thead>
<tr>
<th>Name (last, first, middle initial)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male____ Female____ Date of Birth: ___________ Phone Number ( ) ___________</td>
<td></td>
</tr>
<tr>
<td>Address: __________________________ City: __________________ State: __ Zip: ______</td>
<td></td>
</tr>
</tbody>
</table>

**By signing below I acknowledge and agree that:**

- I choose to designate the person identified below as a proxy to my MyChart account, thereby allowing him/her access to protected health information and clinic services available within MyChart.
- I understand this instance of MyChart connects to information in the records of:
  - UW Health (the integrated health system of the University of Wisconsin-Madison)
  - Quartz Health Solutions
  - Access Community Health Centers (providing health care in the greater Madison area)
- I may activate my own access to my personal MyChart account at any time at uwhealthmychart.org
- A complete description of MyChart services is available online at uwhealthmychart.org
- This access will remain in effect indefinitely, or until I revoke access in writing.
- If I no longer want the person named below to have access to my MyChart account, I may revoke his/her access by submitting a written request to UW Health at the address or fax below.

<table>
<thead>
<tr>
<th>Signature of Patient</th>
<th>Date (mm dd yyyy)</th>
</tr>
</thead>
</table>

**PROXY INFORMATION** (All sections required – please print clearly)

This person is requesting proxy access to the MyChart account of the adult patient identified above.

<table>
<thead>
<tr>
<th>Name (last, first, middle initial)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male____ Female____ Date of Birth: ___________ Phone Number ( ) ___________</td>
<td></td>
</tr>
<tr>
<td>Address: __________________________ City: __________________ State: __ Zip: ______</td>
<td></td>
</tr>
<tr>
<td>Relationship to patient: __________________________</td>
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**By signing below I acknowledge and agree that:**

- The patient may revoke my access to his/her MyChart account at any time for any reason.
- I will comply with the Terms and Conditions on the MyChart website (uwhealthmychart.org) and this document.

<table>
<thead>
<tr>
<th>Signature of Proxy</th>
<th>Date (mm dd yyyy)</th>
</tr>
</thead>
</table>

Mail completed form to: UW Health
Health Information Management
8501 Excelsior Drive
Madison, WI 53717

Fax to: 608-262-6663