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)
- SwedishAmerican (a division of UW Health)
- Access Community Health Centers (greater Madison area)
- Quartz branded health plans

Information includes:

- Allergies
- Appointments
- Billing information
- Care plans and goals
- Clinical Notes
- 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 accessing the account of the patient is called the “proxy.” The proxy must first activate his/her own MyChart account. To do this, connect to any of the following websites and follow the steps to activate:

   uwhealthmychart.org    accesshealthmychart.org    swedishamericanmychart.org   quartzmychart.com

2) After the proxy has his/her own account activated, both the patient and proxy fill out and sign the Request and Authorization Form.

3) Mail or fax the completed form to the address or fax at 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 PROXY FORM INSTRUCTIONS (Rev. 09/07/2018)
Adults (age 18+) may use this form to grant authorization for another adult to have access to his/her MyChart account.

**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle Initial)</th>
</tr>
</thead>
</table>

Male___ Female___ Date of Birth:____________ Phone Number (________) area code

Address:_________________________ City:________________ State:____ Zip:________

**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)
  - SwedishAmerican Health Systems (SAHS) (a division of UW Health)
  - Access Community Health Centers (greater Madison area)
  - Quartz branded health plans
- I may activate my own access to my personal MyChart account at any time.
- A complete description of MyChart services is available online.
- Proxy access for the person identified below will remain in effect indefinitely, or until I revoke access.
- If I no longer want the person identified below to have access to my MyChart account, I may revoke his/her access by submitting a written request to the address or fax below, or by submitting a request through my personal MyChart account.

Signature of Patient

Date: _____ / _____ / ________

**PROXY INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle Initial)</th>
</tr>
</thead>
</table>

Male___ Female___ Date of Birth:____________ Phone Number (________) area code

Address:_________________________ City:________________ State:____ Zip:________

**Relationship to patient:**

**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 and this document.

Signature of Proxy

Date: _____ / _____ / ________

Mail completed form to: Or, Fax completed form to:

MyChart Account Services
815-964-3383

c/o SAHS Health Information Management
1401 East State St
Rockford, IL 61104

SwedishAmerican Health Systems (SAHS), a Division of UW Health, administers certain medical records services and MyChart activation services on behalf of UW Health, SwedishAmerican, Access Community Health, and Quartz