Proxy Access to UW Health MyChart
Adult Patient

OVERVIEW

UW Health MyChart ("MyChart") is an internet-based service that allows patients or other authorized users to access personal medical information and clinic services on-line. UW Health patient over age 18 may request that proxy access to their MyChart account be granted to another adult. The following instructions will facilitate in granting such access.

Information and Communication Tools Available via UW Health MyChart:

MyChart provides access to portions of patient medical information stored in the UW Health medical record. MyChart may contain documentation from the University of Wisconsin Hospitals and Clinics, University of Wisconsin Medical Foundation and its clinics, UW Health Partners & Affiliates, and several health facilities of the University of Wisconsin – Madison. MyChart does not display all information from the medical record, nor does it give access to every clinic service. Each web page describes the information available. Please call the clinic for assistance with any service not offered on-line. For a complete copy of the medical record, please contact UW Health Release of Information for assistance with the release of information process, or visit www.uwhealth.org. A complete description of MyChart services and Terms and Conditions are available on-line at www.uwhealthmychart.org

MyChart Features:

- View laboratory results
- View health issues (diagnoses)
- View current medications
- View allergies
- View immunization records
- View past and future appointments in all clinics; cancel appointments
- View after-visit summary information and patient instructions
- View Care Plans and Goals
- View your medical history
- Schedule simple appointments in primary care
- Send secure electronic messages to the patient’s health care team
- View and pay bills online
- View or change home address, e-mail address, and other demographics
- Members of Unity Health Plans may also view your Unity Health Plan coverage, claims, explanation of benefits (EOBs), referrals, and pharmacy benefits. You can also change dependents, access wellness resources and contact customer service
- Additional information and services may be added in the future

NOTE: Secure Messages regarding medical issues will usually become part of the patient’s permanent medical record, and will be available to those who participate in the patient’s care and treatment in the future.

Requirements and Conditions

Requirements for accessing another adult’s MyChart account:

- The proxy must activate his/her own UW Health MyChart account
- An "Adult Proxy Access Request Form" must be completed and signed by BOTH the patient and the proxy – this form must be returned to the appropriate UW Health site as indicated on the bottom of the form
- Once access is granted, the proxy will:
  - Log in to UW Health MyChart with his/her own UW Health MyChart ID and password
  - Agree to abide by the Terms and Conditions of the UW Health MyChart website
  - Click on “Other Accounts” to access the patient’s MyChart account

Conditions for accessing a patient’s record:

- UW Health MyChart services should never be used for emergencies or urgent needs
- Proxy access to an adult patient’s UW Health MyChart will be revoked when the adult patient submits a written request to revoke access to:
• UW Health reserves the right to deactivate or prevent access to any or all UW Health MyChart features at any time for any reason
• Communications on behalf of a patient must be sent and received from the patient’s UW Health MyChart account (not the proxy’s personal account)
• UW Health MyChart email alerts will be sent to the email address entered in the proxy’s UW Health MyChart account

Approximately 3 to 5 business days after the completed authorization is received, you will be notified of the approval or denial of the request.

If you have any questions regarding completion of this form, please call 608-263-6030, option 3.
UW HEALTH MY CHART PROXY ACCESS REQUEST FORM
ADULT PATIENT

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

Name (last, first, middle initial) ______________________________________________________________________

Male ______ Female ______ Date of Birth: _________________ Phone Number (______)____________________

Street Address: ___________________________________________________________________________________

City: ____________________________________________ State: _________ Zip: ____________________________

I acknowledge and agree that:
• I choose to designate the person named below as a proxy to my UW Health MyChart account, thereby allowing him/her access to protected health information and clinic services available within UW Health MyChart
• I understand that I may choose to activate my own access to my personal MyChart account at any time now or in the future by completing an account request at www.uwhealthmychart.org
• A complete description of MyChart services is available on-line at www.uwhealthmychart.org
• I understand that if I no longer want the person named below to have access to my UW Health MyChart account, I may revoke his/her access by submitting a written request to Health Information Management at 8501 Excelsior Drive Madison, WI 53717.

_________________________________________________________         __________________________________
Patient Signature                                                                                             Date

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

Name (last, first, middle initial) ______________________________________________________________________

Male _____ Female _____ Date of Birth: ________________ Phone Number (______)_____________________

Street Address: __________________________________________________________________________________

City: __________________________________________  State: _________  Zip: _________________________

Relationship to Patient: ____________________________________________________________________________

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 UW Health MyChart web site and this document

________________________________________________________             __________________________________
Proxy Signature                                                                                                    Date

Mail completed form to:      Fax completed form to:
UW Health – Health Information Management      608-262-6663
8501 Excelsior Drive
Madison, WI 53717