



Access to Another Adult's Online Medical Record in MyChart

“MyChart” is a website where you can read your online medical record. You may want to let another person read your online medical record to help with your care. “MyChart” may have sensitive information you want to keep private. This may include some information about mental health, substance abuse, sexually transmitted diseases, and emotional, physical and sexual abuse.

You must do these things to let someone else view your online medical record:

1. Choose an adult (18 years old or older) to read your record. You cannot choose someone younger than 18 years old.
2. Do not have a health care provider or staff providing your care at San Francisco Health Network or another health setting.
3. Sign the consent form in person. The form says you are authorizing the other adult to have access to your MyChart online medical record.
4. The other person must agree to the MyChart terms and conditions of use.

You should NOT be pressured by someone else to give access to your online medical information. If you give permission to let someone read your records in MyChart, you are authorizing the release of portions of your medical record to that person. You may revoke the other person's access to your MyChart medical record information. You must submit a WRITTEN request to revoke the other adult's access. It may take up to 3 days to turn off the other adult's access. The San Francisco Health Network reserves the right to revoke online access to medical information at any time.

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- I have read and understand the document **“Access to Another Adult's Online Medical Record in MyChart.”**
- I agree to allow the person below to access my medical information on “MyChart.” This includes information that is available now and information that may become available in the future.
- I understand I may revoke this access at any time. It may take up to 3 days to turn off the other adult's access.
- I recognize that, if I am disclosing my health information to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected. California law requires that recipients refrain from redisclosing such information except with my written authorization or as specifically required by law.

The person I am allowing to access my online record in “MyChart”:

First Name: _____

Last Name: _____

Date of Birth (must be 18 or older): _____

Email address: _____

Relationship to me:

____ Child/Parent

____ Spouse / Partner

____ Brother / Sister

____ Other – please specify: _____

SSN _____

Phone Number _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____

For security reasons, please bring completed form to your clinic or medical records.