Patient Name\
MRN

# MY CHART PROXY FORMS

## MYCHART ACCESS to Another Person's Online Medical Record

"MyChart" is a secure web-based resource (portal) where you can access your portions of 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 choose a health care provider or staff providing your care at the San Francisco Department of Public Health or another health setting.
3. Sign the consent form in person. The form says you are authorizing the 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 person's access. It may take up to 3 days to turn off the other person's access. The San Francisco Department of Public Health reserves the right to revoke online access to medical information at any time.

Mail or return in person to:
Zuckerberg San Francisco General Medical Records Department
1001 Potrero Avenue, 2nd floor Rm 2B4 San Francisco, CA 94110 Office open 8am-4pm M-F
Fax to: 628.206.7599 Email to: zsfgroi@sfdph.org

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
San Francisco Health Network

Patient Name\
MRN

# MY CHART PROXY FORMS
# AUTHORIZATION FOR ACCESS TO PATIENT's MyChart

Patient's First Name: _____ Patient's Last Name: _____

Medical Record# (MRN): _____

Date of Birth: _____

- I have read and understand the document **"Access to Another Person'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 person'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 <u>person I am allowing to access</u> my online record in "MyChart":**
**(*Bold Items must be completed)**

***First Name**: _____ SS#: _ _ _ - _ _ - _ _ _ _
(If available, helps to reset account if needed)

***Last Name**: _____ ***Phone Number**: _____

***Address**: _____ **CITY** _____ **State** _____ **ZIP** _____

***Date of Birth (must be 18 or older):** MM/DD/YY _____

***Email address**: _____

***Relationship to me**:

_____ Spouse / Partner
_____ Parent/Legal Guardian/Caregiver
_____ Child
_____ Brother/Sister
_____ Self
_____ Other-please specify: _____

***Patient/Parent/Legal Guardian Signature**: _____ Date: _____

***Witness Signature**: _____ Date: _____

***Witness Printed Name**: _____

**For security reasons, please bring completed form to your clinic or hospital.**