

Request as Legal Representative

The Bryan Health MyChart patient portal ("MyChart") is a secure Internet-based service offering patients access to portions of their health records. MyChart allows patients to access and manage information about their healthcare.

You are requesting proxy access to another individual's account because you are either the legal guardian or personal representative of an adult patient and have legal authority to make healthcare decisions on behalf of that patient.

You must attach documentation proving you have legal guardianship or other legal authority such as a Durable Power of Attorney for Healthcare.

Patient Information

I am requesting proxy access to MyChart for the patient named below:

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ Email: _____

Phone #: _____

Proxy Information

I have legal authority to access the patient's MyChart account as a proxy. (check one):

- I am the legal guardian of the patient; or
- I am the personal representative of the patient with Durable Power of Attorney for Healthcare

Proxy Name: _____ Date of Birth: _____

Proxy Address: _____ City: _____

State: _____ ZIP Code: _____ Proxy Email: _____

Proxy Phone #: _____

I certify and acknowledge that:

1. I am the legal representative of the above-named patient and have authority to make healthcare decisions on the patient's behalf.
2. If my relationship changes such that I no longer have a legal right to make healthcare decisions on behalf of the patient, I will immediately inform Bryan Health by sending a message through MyChart or an e-mail to *mychart@bryanhealth.org* and immediately cease all proxy access to the patient's health information.

A photocopy or reproduction of this signed authorization shall have the same force and effect as the original.

Signature of Legal Representative _____ Date _____ Time _____

For staff use only:

Guardianship and/or Durable Power of Attorney for Healthcare documents received by:

_____ Printed Name _____ Signature _____ Date _____



MyCHART PROXY ACCESS REQUEST
(As a Legal Guardian or Personal Representative of an Adult Patient)

