

MyChart Proxy Application for Patients Medically Unable to Obtain a MyChart Account

Completing this form allows someone else (a "Proxy") to be able to access portions of a patient's health record via **MyChart**. This application form can be used to request proxy access to another person's BJC HealthCare/ Washington University **MyChart** account. To request proxy access, please complete this form and give the completed form to a staff member or mail, email or fax it using the contact information at the bottom of the form. We require one application per patient. **Please note that adults and adolescents with their own MyChart account who wish to grant proxy access to another person can request access via their own MyChart account.**

I understand that:

- *I must log in to my own MyChart account first with my own username and password in order to then access the patient's information*
- *BJC HealthCare/Washington University may revoke access to this electronic access at any time deemed appropriate*

PROXY APPLICANT'S INFORMATION

Name of applicant (First, Middle, Last) _____

Applicant's address _____

City, State, Zip Code _____

Applicant's phone number _____ Applicant's date of birth _____

Applicant's email (used to send notification of proxy account) _____

Applicant's Social Security number (required for account creation) _____

Signature of Proxy Applicant _____

PATIENT'S INFORMATION

Name of patient (First, Middle, Last) _____

Patient's address _____

City, State, Zip Code _____

Patient's phone number _____ Patient's date of birth _____

FOR MINOR PATIENTS: If you are the parent/guardian of a child 12-17 years of age who is incapable of participating in his/her own care due to a mental or physical incapacitation and would like access to your child's MyChart account, please have your child's established care provider sign and date the statement below.

PATIENT'S HEALTH CARE PROVIDER MUST ATTEST AND SIGN BELOW

By signing this form below, I attest that I am the established primary care provider of, or a health care provider in an ongoing/contiguous treatment relationship with, the patient identified above. I attest that the patient is incapable of meaningful participation in health care decision making and would benefit from a proxy relationship for their MyChart account.

Approving provider's signature _____

Approving provider's name _____ Office phone _____

FOR ADULT PATIENTS: What is the applicant's relationship to the patient?

Power of Attorney Guardian Other _____

If you checked any of the relationships above, an explanation of the relationship and any paperwork supporting your request must be attached before the application will be processed. A member of our team will contact you in the event additional documentation is needed.

Signature of proxy applicant _____

Upon approval of your request, you will receive a MyChart activation code along with instructions on how to sign up for MyChart and create your own MyChart account. If you already have a MyChart account, you can access your proxy's chart from your MyChart account.

Please return this form (and any supporting documentation) by fax or email:

Fax: 314-273-0394

Email: gs-MyChartProxy@BJC.org

Documents can also be mailed to:

BJC HIM MyChartProxy
One Children's Place - PL20
St. Louis, MO 63110

FOR ATTESTING PROVIDERS: Why are you asked to sign this form?

- We want to ensure that an established care provider for the patient confirms the patient's incapacity.
- We would like the provider to be aware of the fact that a person is requesting proxy access to the patient's MyChart account. This means the proxy can view components of the patient's medical record such as appointments, test results, medications, and his/her medical conditions. The proxy can also act on the patient's behalf to manage medical appointments, request medication refills, and contact the patient's providers.
- If you are not comfortable attesting to any portion of this proxy request, please decline to sign the form.