

**Proxy Access to Adult Medical Record**

To request access to the MyChartPLUS record of an adult whose medical care you help manage, please complete this form. The patient must sign this form to provide authorization for release of medical information in MyChartPLUS. Please note that the patient's chart will be accessed through your (the proxy's) MyChartPLUS account. Completing this form will establish a MyChartPLUS account for you and for the patient. This form only authorizes the release of information through MyChartPLUS and does not include the release of records by any other means.

Please complete all fields and return to the location from which you received your MyChartPLUS account.

**Your Information: (All sections required – please print clearly)**

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Patient's Information: (All sections required – please print clearly)**

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Primary Physician: \_\_\_\_\_

By submitting this form you agree to the Terms and Agreement below along with the complete Hartford Health Care's MyChartPLUS Terms and Agreement and Privacy Policy.

- I understand that the information contained in MyChartPLUS only includes a selected portion of the medical records.
- I understand that it is my responsibility to keep my password in a secure manner, and to change my password if I believe it may have been compromised.
- I understand that using MyChartPLUS does not take the place of direct communication with your healthcare Physician
- I understand that I will not send urgent matters via MyChartPLUS and in the event of an emergency I will dial 911.
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 Your (Proxy) Signature                      Relationship to Patient                      Date

I acknowledge that I have read and understand the MyChartPLUS Sign-up form. I agree to its terms and choose to designate the person named above as my MyChartPLUS Proxy, thereby allowing them access to my MyChartPLUS medical record.

\_\_\_\_\_  
 Signature of Patient (or authorized person)                      Date