

UCSF Medical Center – MyChart Proxy/Disclaimer Authorization Form

Granting Proxy Access – General Adult Patient to Other Adult

PATIENT'S NAME _____ BIRTHDAY _____

PATIENT'S MEDICAL RECORD # _____

LAST 4 OF SSN (optional) ___ ___ ___ ___

What is MyChart?

UCSF MyChart displays certain information from medical records, but **does not display all health information. To secure all health information, contact Health Information Management 415-476-9000.**

UCSF MyChart patient medical records can be accessed at <https://www.ucsfhealth.org/mychart> or by downloading the UCSF MyChart app onto your phone or other electronic device.

Designating a Proxy

If you have difficulty using MyChart, you can allow a trusted friend or family member to log into your MyChart account to view your health information and communicate with your doctors. This process is called “designating a proxy”. To designate a proxy, read and fill out the information below.

UCSF MyChart allows you (or your proxy) to:

- View your health information and test results
- Communicate with your health care team
- View your upcoming appointments
- Refill medications
- Schedule some appointments
- Review and pay bills
- Fill out forms and questionnaires prior to your appointment so that they can be reviewed by your provider before you are seen. (If it is difficult for you to fill out the forms in English, you can arrive early to your appointment and request to have a Medical Interpreter meet with you to help you fill out the forms for your upcoming appointment.)

AGREEMENT

The *UCSF Medical Center (UCSFMC) Terms and Conditions for UCSF MyChart*, and the *UCSF MyChart Proxy/Disclaimer* for access to My Record in the UCSF MyChart section control this agreement between the patient's designated proxy and UCSF Medical Center. Please refer to these documents when you sign up online.

NOTICE

UCSF and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS AND RESPONSIBILITIES

This Authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization.

You may be required to renew this authorization form periodically.

You may revoke proxy access at any time. For revocation, please contact the patient’s practice.

The revocation will take effect within 2 business days upon notification of your request.

REVOCAION/EXPIRATION OF AUTHORIZATION

Unless revoked, authorization for UCSF MyChart proxy access will not expire unless the relationship between the designated proxy and the patient changes.

This authorization for use or disclosure of my health information via MyChart is required by state and federal law. Please complete all fields and print legibly to ensure timely processing.

Patient Name (Last, First, MI): _____

Tel: (____) ____ - ____

SSN: ____ - ____ - _____

Date of Birth: ____ / ____ / ____
Month / Day / Year

I hereby authorize UCSF Health (collectively, “UCSF”) to grant access to all of my health information in MyChart, including information regarding HIV, Drug/Alcohol use and Mental Health if present, to the following individual:

Proxy Representative: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Tel: (____) ____ - ____ **SSN: (last 4 digits)** ____ **Date of Birth:** ____ / ____ / ____

Email Address: _____

Relationship to me:

<input type="checkbox"/> Spouse	<input type="checkbox"/> Care Giver	<input type="checkbox"/> Guardian
<input type="checkbox"/> Adult Child (18+Years)	<input type="checkbox"/> Conservator	<input type="checkbox"/> Other

***Legal documents may be required to establish relationship, e.g., marriage certificate, birth certificate, guardianship papers, power of attorney. I HAVE A RIGHT TO A COPY OF THIS AUTHORIZATION (refer to backside of form for additional information regarding authorization)**

Copy requested: Yes No

Copy received: Yes No

Patient Signature:

Date/Time: _____

UCSF Medical Center Practice Manager or Administrative Director who authorizes this proxy:

Sign and Print: _____ **Date:** _____

A copy is as valid as the original

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ADMINISTRATION ONLY: ___ Scanned to Patient's Record- encounter level(Document Type UCSF Clinical Outpatient Documentation – 200122)

UCSF MyChart Adult Proxy

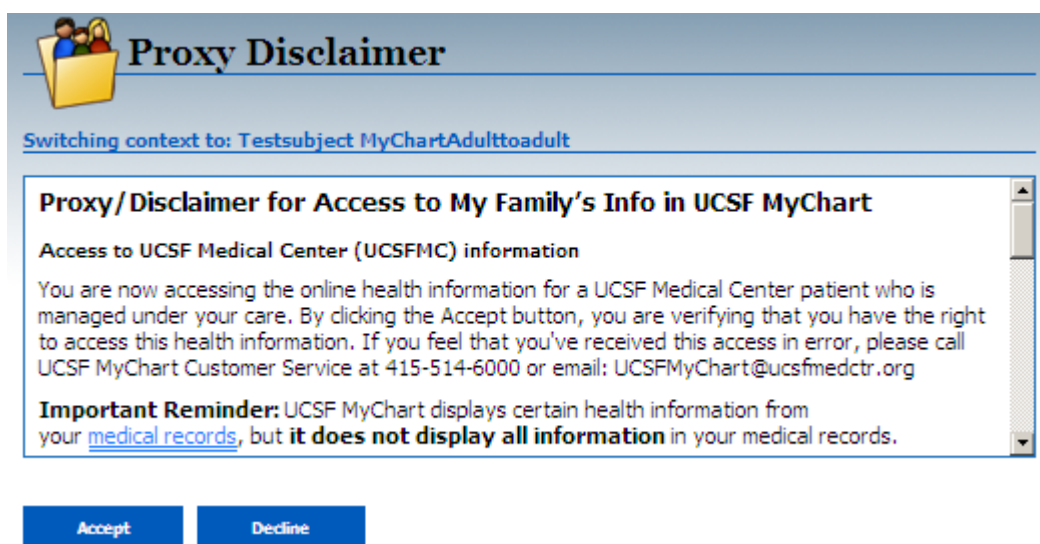
Thank you for signing the *UCSF MyChart Proxy Authorization* form. This is the first step in allowing you to view some of your adult charge's health information online through UCSF *MyChart* patient portal.

UCSF *MyChart* patient portal is offered to you free of charge as an online resource for routine health care needs. UCSF *MyChart* can help you:

- Message a provider
- Refill a current medication
- Check certain lab results and graph trends
- View some electronic health information
- Request an appointment or a referral on behalf of the patient with disabilities
- View past visit information for some services and upcoming appointments

Once you request to be linked to the patient's account, you will hear from us within a week – either by UCSF MyChart message or through the mail. If you have any questions in the meantime, please call the patient's practice or UCSF MyChart Customer Service at 415-514-6000, 7 days a week, 24 hours a day.

This is what you will see when you are successfully linked to the UCSF MyChart account:



We look forward to continuing to provide you with your family's health care needs.