

Although the term "Proxy" has a more specific meaning under Florida Statute 765, it is used in the general sense here to refer to parties who have the legal right to receive MyChart information. "Proxies" include Guardians, Health Care Surrogates, and Statutory Proxies (highest ranking of relatives or friends under Florida Statute 765). A Proxy also includes persons authorized by a competent patient who has the capacity to make healthcare decisions. In this case, a MyChart Proxy Authorization Form must be signed by the patient. This form must be completed for a proxy to access the Memorial Healthcare System MyChart record of an adult patient. Please submit it to the patient's MyChart Provider's Office.

**Request for Access:**

This section must be completed by the individual requesting access to an adult patient's Memorial MyChart records.

Name (last, first, middle initial)	
Last 4 digits of Social Security Number	
Date of Birth	
Street Address	
City	
State	
Zip Code	
E-mail address	
Telephone number	

Please indicate your relationship to the patient by checking one of the below:

Legal Guardian	
Surrogate or Durable Power of Attorney for Healthcare	
Statutory Proxy	
Other (please explain)	

MyChart Proxy Authorization (Form attached)

NOTE: If you have documents to prove the relationship stated above, you must provide us with a copy of those documents.

**Patient's Information:**

Complete this section with information about the patient whose Memorial MyChart record you're requesting to access.

Patient Name (last, first, middle initial)	
Last 4 digits of Social Security Number	
Date of Birth	
Street Address	
City	
State	
Zip Code	
Telephone number	

I understand and agree to the following requirements and procedures for accessing an adult patient's medical records:

- I am the patient's Proxy due to the relationship stated above.
- I understand that my access to the patient's medical information in Memorial MyChart will be terminated when my guardianship, power of attorney, or authorization rights expire or are revoked.
- For myself and on behalf of the patient, I have read and agree to comply with and be bound by the Terms of Use shown on the Memorial MyChart website.

Signature of Individual Requesting Access to Adult's MyChart	
Date	
Printed name of Patient's Proxy	
Telephone Number	