

**Adult MyChart at NYU Langone Proxy Access Request and Authorization Form**

**Requirements and Procedures**

- Proxy access to the MyChart at NYU Langone record of an adult may be granted by the patient or his/her legal representative.
- Proxy Access Request and Authorization Form must be complete and signed.
- The proxy will have access to the patient’s full MyChart account, including all information available to the patient through MyChart.
- The proxy must have his/her own MyChart at NYU Langone account because the patient’s chart will be accessed through the proxy’s MyChart at NYU Langone record.

**I understand that:**

- MyChart at NYU Langone is intended as a secure online source of confidential medical information.
- **MyChart at NYU Langone is not to be used in an emergency.**
- Use of MyChart at NYU Langone is voluntary and I am not required to authorize proxy access.
- I must select a confidential password to maintain my password securely and change my password if I believe it may have been compromised in any way.
- If I share my MyChart at NYU Langone ID and password with another person, that person may be able to view my or my child’s health information, as well as information about any adult who has authorized me as a MyChart at NYU Langone proxy.
- If I have proxy access, I must log in to my own MyChart at NYU Langone account and click on “View Other Records” to access another patient’s record.
- MyChart at NYU Langone contains selected, limited medical information from a patient’s medical record and is not the complete medical record.
- My activities within MyChart at NYU Langone may be tracked by computer audit and entries I make may become part of the medical record.
- Access to MyChart at NYU Langone is provided as a convenience to its patients and that NYU Langone has the right to deactivate access at any time for any reason.

**Completing this form will establish a MyChart at NYU Langone record for the patient and proxy.** Return completed forms to your provider’s office or to the admitting staff at NYU Langone. Account activation information for newly-established accounts will be sent via email to the addresses provided below.

**PATIENT OR PATIENT REPRESENTATIVE:** I acknowledge that I have read and understand this Request and Authorization Form. I agree to its terms and choose to designate the person named below as my MyChart at NYU Langone Proxy, thereby allowing my proxy to access my full MyChart at NYU Langone medical record.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROXY:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_