

Caregiver Access To the Online Medical Record of a MyChart Patient Requirements and Procedures

Caregivers can access the online medical record of a MyChart patient if the patient authorizes.

Requirements for online access to a patient's record:

- Power of attorney or legal guardianship documentation is required before we will grant Adult Proxy access
- Caregiver Authorization Form must be completed and signed
- Each caregiver requesting access must have their own MyChart account or a MyChart account will be established for them

I understand that:

- I must have a MyChart account or an account will be established for me
- I must log in to MyChart with my own User ID & Password
- I agree to abide by the terms and conditions on the MyChart site
- **MyChart is not to be used in an emergency and message responses may take up to 48 hours.**

Caregiver access to a patient's record is revoked when the patient or physician submits a request or revokes access online. Anne Arundel Health System reserves the right to revoke online access to medical information at any time.

If messaging options are available in MyChart, communications on behalf of the individual you are caring for must be sent from the patient's record and responses will be received in the patient's record. MyChart email alerts will be sent to the email address entered in the patient's record.

When signed into another person's online medical record, the tab and background on the MyChart screen change to a different color. This will serve as a visual indication that you are in the proper record. The person's name will also be displayed on the tab.

If you have a MyChart account, you will receive a MyChart message when access to the patient's record is available, typically 5 to 7 business days after completed authorization form is received.

If you do not have a MyChart account, you will receive a MyChart Activation Letter with instructions on how to create one. Please promptly activate your account as the activation code will expire after 60 days.

MyChart Caregiver Authorization Form

Please enter **Patient's** information below:

Patient's Name: _____ Social Security # (last four): _____
(required for activation)

Date of Birth: _____ Gender: Male Female

Please enter **Caregiver** information below:

Name: _____ Social Security # (last four): _____
(required for activation)

Zip Code: _____

Date of Birth: _____ Gender: Male Female

Former Name(s) - e.g. maiden name _____

Do you (caregiver) have an active MyChart account? Yes No I don't know

I have attached one of the following:

Medical Power of attorney

Legal guardianship documentation

I would like to receive the MyChart activation code via (select one):

Email: _____ Mail: _____

I would like to be notified via email when new messages about the patient's care are sent to MyChart (select one):

Yes (Email: _____) No

I have read and understand the requirements and procedures regarding accessing a patient's medical record information online as provided on the document titled Caregiver Access to the Online Medical Record of a MyChart Patient. I certify that I am a caregiver of the above named patient and all information I have provided is correct. I hereby request access to this patient's online medical record.

Caregiver Signature

Date

Time

Return MyChart Activation Request in the enclosed envelope or mail to:

Health Information Management (MyChart)
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401