



## Caregiver Access to the Online Medical Record of a MyChart Patient

PATIENT ID LABEL

### 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:

- Medical power of attorney or legal guardianship documentation is required before access will be granted for Adult Proxy
- 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. Luminis Health 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 notifications 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 less than 3 business days after completed authorization form is received.

If you do not have a MyChart account, please visit [www.luminishealth.org](http://www.luminishealth.org) to create one. Please promptly activate your account as the activation code will expire after 60 days.



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of a MyChart Patient**

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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: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Social Security # (last four): \_\_\_\_\_  
(required for activation)

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**Return Caregiver Authorization form in the enclosed envelope or mail to:**

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

Health Information Management (MyChart)  
Doctors Community Medical Center  
8118 Good Luck Rd.  
Lanham, MD 2070