

This Authorization will expire in 30 days if you have not activated your MyChart access within that time period.

Signature of Patient Only: _____ **Date:** ____/____/____
(required)

If you are NOT the patient but are signing on behalf of the patient, please complete below

I, _____, am the (check which applies)
(print your name)

- Parent with Parental Rights**
- Court Appointed Guardian**
- Legally Appointed Healthcare Agent and the Patient is not legally competent**
- Medical Power of Attorney and the Patient is not legally competent**

Representative's Signature: _____ **Date:** ____/____/____
(required)

Address: _____ **Phone:** _____

You MUST attach proof of your authority to act on behalf of the patient as checked above (other than parent).