



EP-00007

JOHNS HOPKINS MEDICINE

Proxy Access Form – Cognitively Limited Adult

Scan into patient record once completed

JOHNS HOPKINS MEDICINE MYCHART

**REQUEST FOR ACCESS TO PATIENT'S MYCHART ACCOUNT by LEGAL REPRESENTATIVE
(please print clearly)**

Patient's Name: _____ **Birth Date:** _____
 (first) (m. initial) (last)

Address: _____ **Phone #:** _____
 (street address)

_____ **Medical Record #:** _____
 (city) (state) (zip code) (if known)

To sign up for access to a patient's Johns Hopkins Medicine MyChart ("MyChart") account for whom you are the legal representative, please complete and sign this Request for Access Form and return it to the patient's provider's office. If you are a Johns Hopkins Medicine patient you will need to have an active MyChart account in order to access the patient's MyChart. If you are not a Johns Hopkins Medicine patient, a MyChart account will be established for you once this form has been processed.

Legal Representative Information

Name: _____ **Birth Date:** _____
 (first) (m. initial) (last) (required)

Address: _____ **Phone:** _____
 (street address) (required)

_____ **E-Mail Address:** _____
 (city) (state) (zip code - required) (required)

Last 4 digits of Legal Representative's SSN (for matching purposes if Legal Representative has been a patient at Johns Hopkins): _____

Basis of Legal Representative Status: I represent that I am the patient's Legal Representative because I am (check one)

- Court Appointed Legal Guardian
- Health Care Agent or Medical Power of Attorney and the Patient is not legally competent

You MUST attach proof of your Legal Representative status.

I understand that:

- Use of MyChart is voluntary and is not required. The patient's treatment will not be impacted, whether or not I use MyChart.
 - This form addresses access only through MyChart and does not address access to medical record by other methods or in other formats.
 - Once Johns Hopkins discloses health information as requested, it may potentially be re-disclosed and the disclosed information may no longer be protected by federal and state privacy laws.
 - Access to MyChart is provided by John Hopkins as a convenience to its patients and their representatives and that Johns Hopkins Medicine has the right to deactivate access to MyChart at any time for any reason.
 - MyChart is intended as a secure online portal for viewing confidential medical information. **I will not share my MyChart username and password with others.** I understand that if I share my username and password with another person, that person may be able to view the patient's medical information.
 - It is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
 - MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that I may request a copy of the patient's medical record through other means.
 - My activities within MyChart are trackable and that entries I make may become part of the medical record.
 - My access to the patient's medical records through MyChart will be permitted only as long as I continue to serve as the patient's legal representative.
 - By signing below, I acknowledge that I have read and understand this MyChart Request and I agree to its terms.
- This Request will expire in 30 days if you have not activated your Johns Hopkins Medicine MyChart account within that time period.*

Printed Name of Legal Representative: _____

Signature of Legal Representative: _____ **Date:** ____/____/____
(required)