EP-00007

JOHNS HOPKINS MEDICINE
Proxy Access Form – Incapacitated Adult **Scan into patient record once completed**

JOHNS HOPKINS MEDICINE MYCHART
REQUEST FOR ACCESS TO INCAPACITATED PATIENT'S MYCHART INFORMATION 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)

If you are the legal representative of the above patient of Johns Hopkins Medicine, please complete and sign this form to request access to the patient's MyChart information. Once done, please return it to the patient' provider's office. If you are a Johns Hopkins Medicine patient, you will need to have an active MyChart account to access the patient's MyChart information. If you are not a Johns Hopkins Medicine patient, a MyChart account will be created for you when 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)

☐ Legal Guardian ☐ Health Care Agent or Medical Power of Attorney and the Patient is incapacitated

Incapacitated means the patient's clinical team has determined the patient cannot make informed decisions about their medical care because they are not able to understand the risks and consequences of a procedure or treatment.

You MUST attach proof of your Legal Representative status.

I understand that:

- 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 the MyChart terms and conditions, and I agree to their terms.

Printed Name of Legal Representative: _____

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