

**Good Samaritan
Request for Proxy Access to MyChart**

| | | |
|-----------------|--------------------|-------------------|
| Patient name | Patient birth date | Last 4 digits SSN |
| Patient address | City, State | Zip |

The following request is made for proxy access to the MyChart record of the patient named above. When proxy access is granted, the proxy may have the ability to request and review appointments; send and receive messages from the patient's physician, review the patient's problem list, medications, and test results.

Please check mark the appropriate request:

- I am the patient and I wish to grant proxy access to the person named below.
- I am the patient's guardian, power of attorney or designated health care representative. The patient is not able to provide consent and I request proxy access to the patient's MyChart record. Good Samaritan will require documentary evidence that the requesting party is guardian, power of attorney or health care representative before granting access.]
- The patient is a minor and I am the biological/adoptive parent of the patient. [Proof of parental status may be requested.]

| | | | |
|---------------|--------------------------|------------------|-------------------|
| Proxy name | Relationship to patient. | Proxy birth date | Last 4 digits SSN |
| Proxy address | City, State | Zip | |

- Access to MyChart is granted for an indefinite period.
- Access may be revoked by the patient through the system or on written request to the MyChart HelpDesk. Access may be revoked by the Proxy on written request to the MyChart HelpDesk. Access may also be terminated by Good Samaritan in accordance with the Terms and Conditions of MyChart.
- Authorization to grant proxy access is not a requirement for the patient to be treated at Good Samaritan.
- Information disclosed to a proxy may be redisclosed by the proxy to other persons. Such redisclosed information may no longer be subject to federal privacy protections.

Signature of Patient/Guardian/POA/Health Care Representative

Relationship to Patient

Date