The Bryan Health MyChart patient portal ("MyChart") is a secure Internet-based service offering patients access to portions of their health records. MyChart allows patients to access and manage information about their healthcare.

As a current or future patient, you may grant authorized representatives access to your MyChart account. An authorized representative will be able to view and manage your MyChart account as if logged in as you. This includes access to any information available as part of your health record or messages you send through your MyChart account. Some of this information could be very personal and sensitive, such as test results, treatments, and medical opinions related to substance abuse, mental health issues, sexually transmitted diseases, genetic markers, and pregnancy.

**Patient Name:** _____ **Date of Birth:** _____

**Address:** _____ **City:** _____

**State:** _____ **ZIP Code:** _____ **Email:** _____

**I have the capacity to grant this authorization and hereby designate the following individual as an authorized representative for the purpose of accessing my MyChart account:**

Proxy Name: _____ Relationship to Patient: _____

Proxy Phone #: _____ Proxy Address: _____

City: _____ State: _____ ZIP Code: _____

Proxy Email: _____ Proxy Date of Birth: _____

**I hereby authorize Bryan Health to grant access to my MyChart account to the authorized representative identified above for the following level of access (check one):**

- ☐ Full Access (clinical information, scheduling, and messaging)
- ☐ View Clinical Information Only (no access to scheduling or messaging)
- ☐ Scheduling and Messaging Only (no access to clinical information)

I understand and acknowledge that:

1. My refusal to sign this authorization will not affect my ability to obtain treatment at Bryan Health.
2. Health information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by state or federal law.
3. This authorization is effective until my death unless revoked earlier by me. I understand I may revoke this authorization at any time by clicking on the "Revoke Access" button in MyChart or giving written notice to Bryan Health by sending a message through MyChart or an e-mail to *mychart@bryanhealth.org*. My revocation will be ineffective to the extent action has been taken in reliance on my authorization, and proxy access will continue until Bryan Health receives and responds to the revocation request.
4. I have read this document, or have had it read to me, and have received a copy of it.

A photocopy or reproduction of this signed authorization shall have the same force and effect as the original.

| _____ | _____ | _____ |
|---|---|---|
| Signature of Patient | Date | Time |
| _____ | _____ | _____ |
| Signature of Witness | Date | Time |

Bryan Health | *MyChart*

**MyCHART PROXY ACCESS AUTHORIZATION**
**(Adult Granting to Another Adult)**

Place Patient Label Here