## Instructions to REQUEST MyChart proxy access

## **ATTENTION:** YOU MUST HAVE A MyChart ACCOUNT TO USE PROXY ACCESS.

## **Requesting access using the online Proxy Questionnaire**

(Chait ≈ <b>Epic</b>	STEP	4:24 ℃ Entral_Onio MyChott Ucentral_Onio	STEP	426. <b>≑0 ×</b> ≪ ≪ ⊿ 718. Questionnaires :	<b>STEP</b>
	Go to the MyChart home	Your Menu     Q. Search the menu   Close     My Record   Covid-19     To Do   Do     Visits   Do     Visits   Distribution     Medications   Distribution     Plan of Care   Distribution     Questionnaires   Distribution     Wedical and Family History   Distribution     Medical and Family History   Distribution     Request for Proxy Access to a Patient's MyChart Account Account   Distribution     Image: Plan of Care   Distributio	Scroll down. Under "My Record" click on "Ques- tionnaires" then find and click on "Request for Proxy Access to a Patient's MyChart Account."	Request for Proxy Access to a Patient's MyChart Account Immension provaces to the following patient's content reliable "Patient's Full Name [First Name and Last Name] "Address "Address "Address Interface and the following patient's online medical record: "Interface and the following patient's full Name [First Name and Last Name] "Lilly Test "Date of Birth 10/18/2011 "Address 111 E Main St "Legal Sex Female Male "What is your relationshp to the patient (check one): <u>Patient</u> Legal Guardian	Fill out the required fields Be sure to upload any requested leg documentation At this point you may request proxy access to multiple accounts.
427 € 2 Questionnaires Questionnaires Questionnaires Questionnaires Questionnaires certify that I have the full legal right to ceess the above-named patient's medical ceords, and that all information I have torvided on this form is correct. By signing to mm, acknowledge that I have read and metatand it and that I agree to comply with the Terms of Use shown on the COPC MyCh ebsite. I also recognize that any inserpresentation by me could result in deni f access or being discharged as a patient. I discretated that when the minor patient turn 3 years old, proy access will be terminated netrol. Hasso destand that. Please initial the section elaw. Continue Finish later Cancel tyou need to request access for more than 4 atents, please submit the questionnaire again for he acture patients.	Read the legal disclaimer, initial, then click "Continue."	State 2   UNING 2     State 2   UNING 2     Construct 5   Construct 5     Constand 5   Construct 5 <tr< td=""><td>STEP 6 Review your responses, then click "Submit."</td><td>Low provide the properties of the properties of</td><td>someone you care for, you can nen. Thas been be reviewed. Il see the</td></tr<>	STEP 6 Review your responses, then click "Submit."	Low provide the properties of	someone you care for, you can nen. Thas been be reviewed. Il see the

**Proxy access may also be requested in-person at the office of the patient's Primary Care Provider.**