

Houston Methodist MyChart® Proxy Application



HM2134

Completing this form allows someone else (a "Proxy") to be able to access portions of a patient's health record via Houston Methodist's MyChart®. This application form can be used to request proxy access to another person's (e.g., a child, spouse, guardian, or parent) Houston Methodist MyChart® account.

Please complete this form and return it to: Houston Methodist Hospital
Health Information Management Department
6565 Fannin Street, MS ST-520, Houston, TX 77030,
Phone: 713.441.2401, Fax: 713.394.6475
hmh_requestrecords@houstonmethodist.org

Houston Methodist MyChart® accounts are available to:

- Adult patients (18 years of age or older).
- Emancipated minors.
- Parents. Please note: on your child's 18th birthday, your proxy access to the child's Houston Methodist MyChart® account will expire automatically.

Name of Proxy applicant (First Middle Last): _____

Applicant's address: _____

To receive your activation code via email, please provide a valid email address: _____

Applicant's phone number: _____ Applicant's date of birth: _____

Name of Patient (First Middle Last): _____

Patient's phone number: _____ Patient's date of birth: _____

Proxy Applicant's relationship to patient:

- Spouse Parent Child over 18 years of age Primary Caregiver for Adult Patient

Date: _____ Signature of Patient: _____

Date: _____ Signature of Proxy Applicant: _____

Applicant's relationship to patient:

- Power of Attorney Conservator for patient
 Step-parent Guardian Foster Parent Other _____

Proxy requests for these relationships require additional documentation and review. We will contact you within 3 business days of receiving this form and we may ask you for additional documentation if necessary.

Date: _____ Signature of Proxy Applicant: _____

Upon approval of your request, you will receive a Houston Methodist MyChart® activation code along with instructions on how to sign up for Houston Methodist MyChart® and create your own Houston Methodist MyChart account. If you already have a Houston Methodist MyChart® account, you can access your proxy's chart from your Houston Methodist MyChart® account.

Application approved and scanned into Epic. Proxy access granted in Epic. Scan this form with the document type of "MyChart® Proxy Access Form."

Application needs further review by HIM. Application and any supporting documentation provided by applicant was scanned into Epic with the document type of "MyChart® Proxy Access Form."

Date _____ Name of staff person who received application form _____



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Houston Methodist MyChart® Terms and Agreement

By agreeing to the following terms and conditions, I acknowledge that I am requesting access to portions of the patient's health information and the ability to communicate with Houston Methodist health care team concerning the patient's health information via the Internet using an electronic application called Houston Methodist MyChart®.

- I understand that Houston Methodist MyChart® is intended as a secure online source of confidential medical information. I must have internet access and my computer's internet browser must be either Mozilla Firefox, Safari, or Chrome.
- I understand that the Houston Methodist MyChart® service is only available to patients under the active care of Houston Methodist.
- I understand that Houston Methodist MyChart® is never to be used as a means of communication to Houston Methodist health care providers for urgent or emergency matters. For all matters that I believe might immediately affect the patient's health or well-being, I will dial 911 without delay and/or go to the emergency department of a local hospital.
- I understand that my Houston Methodist health care team may send messages about the patient via Houston Methodist MyChart®. These messages may contain information regarding the patient's health and medical care. I understand these messages need to be monitored. I agree not to hold Houston Methodist liable for any loss, injury or claims of any kind resulting from Houston Methodist MyChart® messages that are not read or acted upon in a timely manner.
- I have the option of entering a valid and functional email address that may be used to notify me of the presence of Houston Methodist MyChart® messages. If I opt to provide this email address for notification of the presence of Houston Methodist MyChart® messages, I will update my email address on Houston Methodist MyChart® when my email address changes.
- I understand that the anticipated turnaround time for responses to electronic messages is one to three business days.
- I agree that 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. If I share my Houston Methodist MyChart® ID and password with another person, that person may be able to view the patient's health information. I agree to hold Houston Methodist or any of its subsidiaries harmless for any loss, injury or claims of any kind resulting from my disclosure of the confidential password or confidential information on Houston Methodist MyChart®.
- I understand that Houston Methodist MyChart® contains selected, limited medical information from a patient's medical record and that Houston Methodist MyChart® does not reflect the complete contents of the medical record. I also understand that I may request a paper copy or a summary of the patient's medical record from Houston Methodist.
- I understand that my activities within Houston Methodist MyChart® may be tracked by computer audit and that entries I make may become part of the electronic record.
- I understand that access to Houston Methodist MyChart® is provided by Houston Methodist as a convenience and that Houston Methodist has the right to deactivate or restrict access to Houston Methodist MyChart® at any time for any reason or no reason without notice to me. I understand that my use of Houston Methodist MyChart® must be appropriate and may not be used to harass, intimidate, defame, or threaten any individual or entity or for any illegal activity.
- I understand that use of Houston Methodist MyChart® is voluntary and I am not required to use Houston Methodist MyChart® or to authorize a Houston Methodist MyChart® proxy.
- I understand that my proxy access could be revoked at the request of the patient, to the extent legally permissible.

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