

UCSF Medical Center – MyChart Proxy/Disclaimer Authorization Form
Granting Proxy Access to Guardian on behalf of an Adult with Disabilities

PATIENT'S NAME _____ PATIENT'S BIRTHDATE _____

PATIENT'S MEDICAL RECORD #: _____ Last 4 of SSN (Optional): _____

Important Reminder: UCSF MyChart displays certain information from medical records, but **it does not display all health information** in medical records. **To secure all health information, contact Health Information Management 415-476-9000**

Legal Guardian of Adult with Disability: This authorization form is used for adults over the age of 18 who have been determined to be disabled and cannot manage their own healthcare decisions, in which, **Power of Attorney for Health Care, Conservatorship, and/or Advance Health Care Directive, will be requested.** A renewal of this authorization may be requested.

AGREEMENT –

The UCSF Medical Center (UCSFMC) Terms and Conditions for UCSF MyChart, and the UCSF MyChart Proxy/Disclaimer for access to My Family's Record in the UCSF MyChart section control this agreement between the patient's legal guardian and UCSF Medical Center. Please refer to these documents when you signup online.

YOUR RIGHTS

This Authorization to release health information is voluntary. You may revoke proxy access at any time. For revocation, please contact the patient's practice. The Revocation will take effect within 2 business days upon notification of your request except to the extent UCSF Medical Center or others have already relied on it.

REVOCAION/EXPIRATION OF AUTHORIZATION

Unless otherwise revoked, or ended by revocation, authorization for UCSF MyChart proxy access will not expire unless the relationship between the legal guardian and the patient with disabilities changes.

Print Name of Legal Guardian: _____

Address: _____ **Patient's Legal Guardian Birthdate:** _____

_____ **Contact Phone Number:** (____) _____ - _____

If the guardian is a UCSF patient
guardian's MRN# : _____ **Last 4 of SSN (Optional):** ____

If the guardian is NOT a UCSF patient
Full SSN (Optional): _____ **Gender: Male** ____ **Female** ____
Primary Language: _____ **Marital Status:** _____
Employer: _____

I attest that the above information is true and correct - signature of Patient's Legal Guardian:

_____ **Date:** _____

UCSF Medical Center Practice Representative who witnessed this proxy:

_____ **(Sign and Print) Date:** _____

UCSF Medical Center Practice Manager or Administrative Director who authorizes this proxy:

_____ **(Sign and Print) Date:** _____

A copy is as valid as the original.

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ADMINISTRATION ONLY: _____ Scanned to Patient's Record- encounter level(Document Type UCSF Clinical Outpatient Documentation – 200122)

UCSF MyChart

Legal Guardian Proxy

Dear Guardian,

Thank you for signing the *UCSF MyChart Proxy Authorization* form. This is the first step in allowing you to view some of your adult charge's health information online through UCSF *MyChart* patient portal.

UCSF *MyChart* patient portal is offered to you free of charge as an online resource for routine health care needs. UCSF *MyChart* can help you:

- Message a provider
- Refill a current medication
- Check certain lab results and graph trends
- View some electronic health information
- Request an appointment or a referral on behalf of the patient with disabilities
- View past visit information for some services and upcoming appointments

Once you request to be linked to the patient's account, you will hear from us within a week – either by UCSF MyChart message or through the mail. If you have any questions in the meantime, please call the patient's practice or UCSF MyChart Customer Service at 415-514-6000, 7 days a week, 24 hours a day.

This is what you will see when you are successfully linked to the UCSF MyChart account:

Proxy Disclaimer

Switching context to: Testsubject MyChartAdulttoadult

Proxy/Disclaimer for Access to My Family's Info in UCSF MyChart

Access to UCSF Medical Center (UCSFMC) information

You are now accessing the online health information for a UCSF Medical Center patient who is managed under your care. By clicking the Accept button, you are verifying that you have the right to access this health information. If you feel that you've received this access in error, please call UCSF MyChart Customer Service at 415-514-6000 or email: UCSFMyChart@ucsfmedctr.org

Important Reminder: UCSF MyChart displays certain health information from your medical records, but **it does not display all information** in your medical records.

Accept Decline

We look forward to continuing to provide you with your family's health care needs.