

**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,

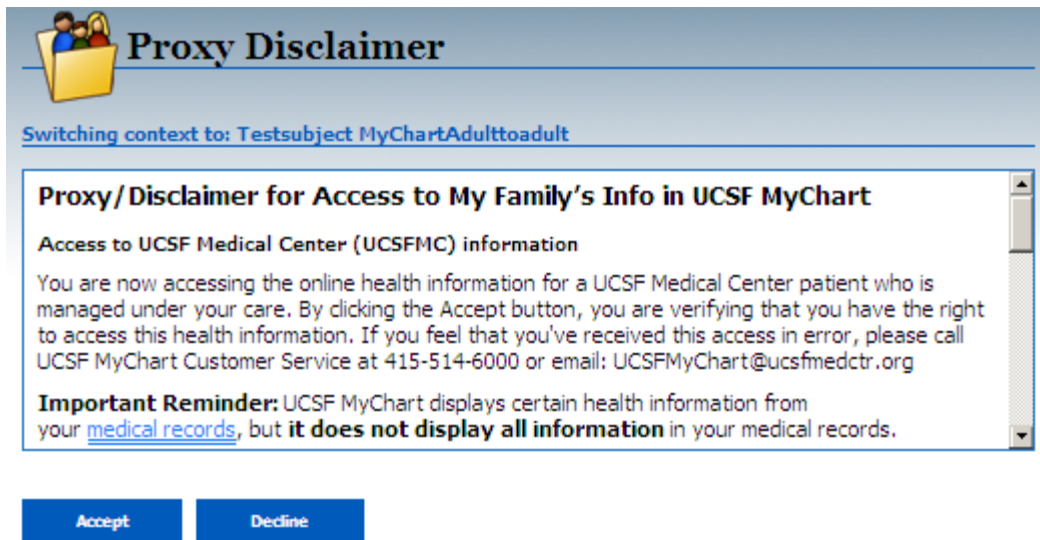
Thank you for signing the *UCSF MyChart Proxy Authorization* form. This is the first step in allowing you to view some of your adult charge's health information online through UCSF *MyChart* patient portal.

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:



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