



### MyChart Patient Portal Access Agreement and Authorization

Patient's Information

Patient's Name (Last, First, Middle Initial): \_\_\_\_\_

Patient's DOB (MM/DD/YYYY): \_\_\_\_\_ Patient's Gender:  Male  Female

Patient's Address: \_\_\_\_\_  
*Street Address City, State Zip Code*

Patient's Email Address: \_\_\_\_\_

Proxy's Information

Proxy's Name (Last, First, Middle Initial): \_\_\_\_\_

Proxy's DOB (MM/DD/YYYY): \_\_\_\_\_ Proxy's Gender:  Male  Female

Proxy's Address: \_\_\_\_\_  
*Street Address City, State Zip Code*

Proxy's Telephone Number: \_\_\_\_\_ Proxy's Email Address \_\_\_\_\_

Adult Patient

Access to another adult's patient portal record (including Emancipated Minors)

Proxy Type:

- Adult- Capable Adult Patient
- Legal Guardian of Adult Patient\*
  - Legal Guardian (court order)\*
  - Power of Attorney for Health Care\*
  - Physician Certification

\_\_\_\_\_ \*If you are the legal guardian or you have durable power of attorney for healthcare for this patient, then this request must be accompanied by a copy of the legal paperwork verifying your authority to have access to the patient's medical information. Your request will be processed and you will receive status notification: You must notify Tanner Medical Center, Inc. at **(770) 812-6875** of any changes this authority.

\_\_\_\_\_ \*Emancipated minors must show proof of emancipation. Your request will be processed and you will receive status notification. You must notify Tanner Medical Center, Inc. at **(770) 812-6875** of any changes in this authority.

Adolescent Patient

Access to your adolescent child's patient portal record (individuals requesting access must have parental or legal guardianship rights)

Relationship Type:

- Parent
- Permanent Legal Guardian of Parent

Proxy Type:

\_\_\_\_\_ Adult- Child Patient Age 12-17

\_\_\_\_\_ \*If you are the legal guardian, you must attach a copy of the court order appointing guardian or letters of guardianship verifying the proxy's status as permanent legal guardian of the patient. Your request will be processed, and you will receive status notification. You must notify Tanner Medical Center, Inc. at **(770) 812-6875** of any changes in this authority.

\_\_\_\_\_ If a parent or guardian had access to a child's medical information prior to age 12, the Adolescent Agreement and Authorization Form will need to be submitted once the child turns 12 or access will be revoked.

\_\_\_\_\_ When the patient becomes 18 years old, parent access will be revoked, and the Adult Agreement and Authorization Form will need to be submitted to regain access.



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### Proxy Agreement

By signing below, I acknowledge, agree and understand that I will be using my own MyChart Patient Portal account to access the patient's Patient Portal Account, I will comply with the MyChart Patient Portal Terms and Conditions, and the patient (12 and older) can revoke my access to his/her Patient Portal account at any time.

\_\_\_\_\_  
**Proxy Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Time**

### Patient Authorization for Proxy Access

I understand that my current and future medical information is available to my proxy through the Tanner Medical Center, Inc. MyChart Patient Portal, including information related to medical services that I may consent to without the involvement of my proxy. By signing below, I consent to permitting my proxy listed above to have access to all of my medical information through the Tanner Medical Center, Inc. MyChart Patient Portal, including medical information that may become available as a result of future medical care. I understand that I may revoke the access granted to my proxy by this consent at any time by contacting Tanner Medical Center, Inc. I understand that if I do not sign this form and if I consent to medical services without the involvement of my proxy, none of my medical information will be made available to my proxy through the Tanner Medical Center, Inc. MyChart Patient Portal. I understand that I have the right to request a copy of this form. I have been given the opportunity to have any and all questions about MyChart Patient Portal access answered to my satisfaction.

\_\_\_\_\_  
**Patient's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Time**

