

**REQUEST FOR MYCHART CAREGIVER ACCESS AUTHORIZATION FORM  
ADULT PATIENT**

MyChart Caregiver is the individual who is authorized by the patient or law such as a patient's parent or court appointed guardian. The MyChart Caregiver will have access to portions of the patient's medical record through the MyChart Caregiver service. In order to provide the MyChart Caregiver with access to a patient's information, an account must be created for the MyChart Caregiver.

If the patient is a minor or has a court appointed guardian, the Parent Or Court-Appointed Guardian Request for MyChart Caregiver Access Authorization Form should be completed.

If you are the patient's Power of Attorney, include a copy of the power of attorney.

**MyChart Caregiver Information:**

MyChart Caregiver's Name: \_\_\_\_\_

MyChart Caregiver's Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MyChart Caregiver's Telephone #: \_\_\_\_\_

MyChart Caregiver's Current Street Address:\_\_\_\_\_

MyChart Caregiver's Email:\_\_\_\_\_

SSN or Mychart Account number: \_\_\_\_\_

\_\_\_\_\_  
MyChart Caregiver Signature

\_\_\_\_\_  
Date

**Patient Information:**

Patient's Name:\_\_\_\_\_

Patient's Date of Birth:\_\_\_/\_\_\_/ \_\_\_\_

Patient's Medical Record #:\_\_\_\_\_

Patient's Current Street  
Address:\_\_\_\_\_

Patient's Telephone #:\_\_\_\_\_

\_\_\_\_\_

## PATIENT REQUEST TO DESIGNATE A MYCHART CAREGIVER

I hereby authorize the individual designated below ("MyChart Caregiver") to act on my behalf regarding any and all of my health information contained in MyChart, which shall include, but not be limited to, receiving access to MyChart functions which allow my MyChart Caregiver to view, download, and/or transmit to third parties any and all of my health information, according to the MyChart Caregiver Terms and Conditions. As such, I hereby authorize Signature Health to release via MyChart Caregiver Access any and all of my health information contained in MyChart to my MyChart Caregiver for any purpose that my MyChart Caregiver deems to be appropriate. I understand and acknowledge that this may include information relating to treatment for physical and mental illness, alcohol/drug abuse, and/or HIV/AIDS test results or diagnoses.

Once your health care information is released, your information may be re-disclosed by the recipient and may no longer be protected by law. Treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether you agree to this authorization. In order for this authorization to be valid, activation of the MyChart Caregiver access feature must occur within one (1) year of the date of this authorization. Upon receipt of this completed form, please allow approximately seven (7) business days for processing your request to designate a MyChart Caregiver.

This authorization for the MyChart Caregiver's access to my MyChart account will automatically expire when receives notice of my death, when I (or my legal representative) deactivate(s) my MyChart account, or when I (or my legal representative) revoke(s) this authorization, whichever occurs first. You may revoke this authorization at any time, except to the extent that action has been taken in reliance upon it, through written notice sent to Medical Records, 4242 State Route 306, Kirtland, OH 44094 or by submitting a revocation request through your MyChart account.

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MyChart Caregiver's Name (Print)

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MyChart Caregiver's #

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MyChart Caregiver's E-mail

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MyChart Caregiver's Telephone Number

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Signature of Patient

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Date

This form can be submitted by:

- ☐ Fax: (440) 269-2551
- ☐ Email: sh-medicalrecords@shinc.org
- ☐ Mail: 4242 State Route 306,  
Kirtland, OH 44094
- ☐ In-person: At any of our Signature Health Locations