WOODLAWN HOSPITAL

MyChart Proxy Request – Adult Patients Only

Patient Information

Patient Name:	
Patient Date of Birth:	
Patient Street Address:	
City:	
State:	
Zip:	
Patient Social Security Number (last four digits only):	

If Applicable, Court-Appointed Proxy Relationship:

- ☐ Court-Appointed Permanent Legal Guardian for this (adult or child) proxy
- ☐ Court-Appointed Legal Healthcare Representative for this (adult) proxy

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Proxy Information

I authorize Woodlawn Hospital and its affiliates, including Woodlawn Hospital, Akron Medical Center, Argos Medical Center, Fulton County Medical Center, Shafer Medical Center, and Woodlawn Medical Specialty Clinic, (all referred to as "Woodlawn Hospital") to share information from my medical records, or the patient for whom I am the legal representative, with **the following person** by having access to my records through MyChart web portal and MyChart bedside.

Name:	
Date of Birth:	
Street Address:	
City:	
State:	
Zip:	
Phone Number:	
Relationship to Patient:	

The purpose is to provide access to those portions of my Woodlawn Hospital electronic medical record available through MyChart and MyChart bedside to persons involved with me and my healthcare. Accordingly, I authorize Woodlawn Hospital to share with the above individual all information from my medical records that can be made available to such person through the MyChart portal and MyChart Bedside application which shall include, but not be limited to, lab and other test results, medications, summary of medical problems and history, and other information concerning my treatment and health.

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This authorization and the access to my medical records through MyChart and MyChart Bedside shall remain in effect until I revoke this authorization.

This authorization is voluntary. I know that I may revoke it at any time, except to the extent that action has already been taken in reliance upon it. To revoke it, I will revoke access to my own MyChart account directly or submit a Proxy Support message requesting removal of a proxy on anyone else I am proxy on. If I do not have a MyChart Account, I will send a signed and dated letter to medicalrecords@woodlawnhealth.org, requesting this proxy access to be revoked or cancelled.

If I do not sign this form or if I later revoke my authorization, it will not affect my treatment, payment, or enrollment or eligibility for benefits which I am eligible to receive from Woodlawn Hospital.

I confirm that I have had the opportunity to read and consider the contents of this authorization, and I agree to be bound by them. I release Woodlawn Hospital from any legal responsibility or liability for providing MyChart and MyChart Bedside access to the person listed above. I understand that this person might not keep my information confidential and that it might not be protected by federal and state privacy laws any longer.

Patient/Parent/Guardian/Legal Representative Signature:	
Authorization (check box):	☐
Relationship to Patient:	
Date:	

Additional Information

Please provide any additional information necessary to explain the proxy request situation (if needed).

Additional Information:	

Once completed, this form must be emailed by yourself or your proxy to medicalrecords@woodlawnhealth.org for processing. **Send a secure email if possible as email transactions are not encrypted and may be viewed by a third party.** Processing of forms can take up to five (5) business days.