

FORM A

SPARTANBURG REGIONAL HEALTHCARE SYSTEM MYCHART PROXY REQUEST FORM

(This form must be completed for MyChart Proxy Access if the person who will receive MyChart Proxy Access does not have a current SRHS medical record number or SRHS patient number)

Directions:

Form A: MyChart Proxy Request Form: This form must be completed by the person who will receive MyChart Proxy Access when the MyChart Proxy does not have a current SRHS medical record number or SRHS patient number. Form A must be accompanied by the applicable Form B, Form C, or Form D based on the type of Proxy access requested.

Form B: Parent or Court-Appointed Guardian Request for MyChart Proxy Access – Minor Patient: This form must be completed by the minor’s parent or court-appointed guardian of the person to authorize MyChart Proxy Access for the parent or court-appointed guardian to the minor patient’s account.

Form C: Patient Request for MyChart Proxy Access – Adult Patient: This form must be completed by the adult patient to authorize MyChart Proxy Access for the designated authorized person to the adult patient’s account.

Form D: Court-Appointed Guardian Request for MyChart Proxy Access – Adult Patient: This form must be completed by the court-appointed guardian of the person to authorize MyChart Proxy Access for the court-appointed guardian to the adult patient’s account.

Upon receipt of the required completed form(s), approval of the MyChart Proxy request, and activation of the MyChart Proxy’s account, confirmation of account activation will be sent to the MyChart Proxy via the U.S. Postal Service or Email.

In order to provide the MyChart Proxy with access to a patient’s information, an account must be created for the MyChart Proxy. The following information must be provided to generate an activation code for the MyChart Proxy:

MyChart Proxy’s Name: _____ MyChart Proxy’s SSN: _____

MyChart Proxy’s Telephone #: _____ MyChart Proxy’s Date of Birth (mm/dd/yyyy): _____

MyChart Proxy’s Email: _____ MyChart Proxy’s Current Street Address: _____

Please indicate your sex:

Female:

Male:

City State Zip Code

Are you hearing impaired? Yes: No:

MyChart Proxy’s Signature

Date

Please print, fill out and return all Proxy Access forms to the patient’s designated physician practice.