



My Chart Proxy Dependent Request

Access to your dependent's interactive health record

To sign up for access to your dependent's interactive health record, please complete both pages of this proxy request form and return it via one of the methods on Page 2.

Patient Information		
Last Name: _____	First Name: _____	MI: _____
Last 4 digits SSN: _____	Date of birth: _____	
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone number: _____		

If this request is for a minor, please note you will no longer have access to this interactive health record once the dependent reaches the age of 18. To request a paper copy of your child's health record, visit Go.SRHS.com/Records for more information.

Requestor Information (to be completed with your info – all sections required)		
Last Name: _____	First Name: _____	MI: _____
Last 4 digits SSN: _____	Date of birth: _____	Gender: _____
Street address: _____		
City: _____	State: _____	Zip: _____
Email address: _____	Phone number: _____	
Relationship to Patient:		
<input type="checkbox"/> Parent accessing minor child <i>(please check one)</i>		
<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian or Adoptive Parent*	
<input type="checkbox"/> Mother	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Power of attorney*		

*If legal guardian or power of attorney, please submit proof of guardianship with this form.

For all other relationships (e.g. stepparent, grandparent, etc.), please use the Grant Access form and information found at Go.SRHS.com/Proxy.

► *continued on page 2 – parent/guardian signature required*

Spartanburg Regional terms and agreement

For the purposes of this form, “you,” “your,” “my,” “me,” and “I” mean the parent or court-appointed guardian listed below who is requesting and authorizing MyChart Proxy Access. As the patient’s parent or court-appointed guardian of the person, I hereby authorize SRHS to release to me via SRHS MyChart Proxy Access any and all health information contained in the SRHS MyChart account of the above-named patient for any purpose that I deem to be appropriate, according to the SRHS MyChart Proxy Terms and Conditions, which will allow me to view, download and/or transmit to third parties any and all of the patient’s health information contained in SRHS MyChart. I understand and acknowledge that this may include information relating to the patient’s treatment for physical and mental illness, alcohol/drug abuse and/or HIV/AIDS test results or diagnoses.

Once the patient’s health care information is released, the information may be re-disclosed by the recipient and may no longer be protected by law. The patient’s 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 SRHS MyChart Proxy 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 Proxy.

I understand and agree that I must provide written notice sent to the designated physician practice if I am no longer the above-named patient’s parent or court-appointed guardian of the person or if there is a court order or restraining order in effect that would limit my access to the patient’s medical records and/or information. This authorization for my access to the patient’s MyChart account will automatically expire on the patient’s eighteenth (18th) birthday, if the physician practice receives notice and documentation that I am no longer the patient’s court-appointed guardian of the person (if applicable), if the physician practice receives notice and documentation that there is a court order or restraining order in effect that would limit my access to the patient’s medical records and/or information, when the patient’s SRHS MyChart account is deactivated or when I revoke 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 the designated physician practice.



Requestor’s Signature

Print name

Date

How to submit this form

If you are not a patient of Spartanburg Regional Healthcare System or any of its physician practices or locations, you must first create your own Spartanburg Regional MyChart account before requesting proxy access. Visit Go.SRHS.com/MyChart for more information.

You can request proxy access by filling out the appropriate form(s) and:

- **In person:** Return form (with documentation, if applicable) to the appropriate physician office
- **Fax:** Fax form (with documentation, if applicable) to (864) 560-9112
- **Email:** Scan and email form (with documentation, if applicable) to HIMPROXY@srhs.com
- **Mail:** Return form (with documentation, if applicable) to:

HIM Proxy
Spartanburg Medical Center
101 E Wood St
Spartanburg, SC 29303

NOTE: Signature on form must be done with a pen. Virtual/digital signatures will not be accepted.