



# Cheyenne Regional

## MyChart Proxy Adult to Adult Request

### Please Mail or Fax all Forms to:

Cheyenne Regional Medical Center  
Health Information Management Department  
2600 E 18<sup>th</sup> St Cheyenne, WY 82001  
Fax: (307) 432-3108

### Proxy Information:

Name of Proxy \_\_\_\_\_  
*(print last, first, middle initial)*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number: \_\_\_\_\_

### You are Requesting Proxy Access:

Please note that for all types of proxy access, the patient's chart must be accessed through your *MyChart* account. If you do not currently have a *MyChart* account and you are a patient of Cheyenne Regional Medical Center, a *MyChart* account will be created for you as part of this proxy request. You will have access to your account as well as proxy access as requested below.

### Adult-Adult (Access to another adult's MyChart record)

The patient must sign this form and provide authorization for release of medical information in MyChart on the "Adult Proxy Authorization Form for Release of Information".

### Adult Patient's Information: (All fields required for Adult proxy access – please print clearly.)

Complete this section with information about the adult patient whose *MyChart* record you're requesting to access.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(print last, first, middle initial)*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Clinic: \_\_\_\_\_

### My Chart Terms and Agreement

- I understand *MyChart* is intended as a secure online source of confidential medical information. If I share my *MyChart* ID and password with another person, that person may be able to view my or my child's health information, and health information about someone who has authorized me as a *MyChart* proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe confidentiality may have been compromised in any way.
- I understand it is my responsibility to ensure that my e-mail address is current at all times, and if my e-mail address is not current I will not receive important messages from *MyChart*.
- I understand that *MyChart* contains selected, limited medical information from a patient's medical record and *MyChart* does not reflect the complete contents of the medical record. I also understand the patient or proxy may request a paper copy, a disc copy or an upload to *MyChart* of his/her medical record from the Health Information Department.
- I understand my activities within *MyChart* may be tracked electronically and entries I make may become part of the medical record.
- I understand access to *MyChart* is provided as a convenience to patients and access to *MyChart* may be deactivated at any time, for any reason.
- I understand my use of *MyChart* is voluntary and I am not required to use *MyChart* to authorize a *MyChart* proxy.

### For MyChart Sign-up and all Types of Proxy Access:

By signing below, I acknowledge that I have read and understand this *MyChart* Sign-Up Form and I agree to its terms.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Your Signature* *Relationship to Patient* *Date (Required)*

**If Legal Guardian/Power of Attorney is being used, a copy of the documentation must accompany this request.**

### For Adult Proxy Access:

I acknowledge that I have read and understand this *MyChart* Sign-up form. I agree to its terms and choose to designate the person named above as my *MyChart* Proxy, thereby allowing them access to my *MyChart* medical record.

*Patient signature* \_\_\_\_\_ / *Date* \_\_\_\_\_

