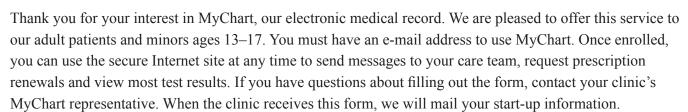
MyChart Access

Mailed to Patients

1



| Valir Name | | Medical Record # |
|--|---|--|
| | | |
| | Social Security # (optional) | |
| | Work Phone | |
| | | |
| MyChart to: □ My | Ith Services and its partners to release a syself | Ü |
| I understand that: | e this information for the following: | |
| • | edical record. These providers are listed a | 1 |
| bilaica cicculonic in | | |
| • If I change my mine | d, I may tell my care team at any time. I not to records that have already been released | nay do this verbally or in writing. |
| • If I change my min This will not apply | | nay do this verbally or in writing. |
| If I change my mind This will not apply Once records are rethird party. | to records that have already been released leased, Fairview and its partners cannot promote must be completely filled out, signed a | nay do this verbally or in writing. d. brevent them from being released to a |
| If I change my mind This will not apply Once records are rethird party. To be valid, this for is as valid as the order | to records that have already been released leased, Fairview and its partners cannot promote must be completely filled out, signed a | nay do this verbally or in writing. d. brevent them from being released to a |



Please mail this form to your clinic. Visit www.fairview.org/mychartinfo for your clinic's mailing address.

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2. Giving others access to your medical records (called proxy access)

You may grant another person full access to your records. This might be a parent, spouse, adult child or someone who helps you manage your health. A proxy is a person who can access your records as if they were you. To have an adult proxy view your records in MyChart, complete the information below.

- Your proxy may access your account for five years from the date of your signature on the front of this form. To renew access, please contact the MyChart representative at your clinic.
- If your proxy is a patient at a clinic belonging to Fairview or one of its partners, he or she must sign and date the form below.* The proxy will also receive full access to his or her own medical records. By signing below, he or she agrees to the statements (bullets 1–5) on the front of this form.
- If your proxy is not a patient at a Fairview or partner clinic, he or she does not need to sign below.

| Proxy Name | Relationship | p to Patient |
|--|---------------|--------------|
| Address | | |
| Previous Names | | Birth Date |
| Social Security # (optional) | Home Phone | Work Phone |
| s this person a patient at a Fairview or par *Signature of Proxy, if a patient at | rtner clinic? | |
| Date | Time | |

3. Accessing your child's medical records

If your child is a patient at a Fairview or partner clinic, you may have access to his or her MyChart records.

- If your child is age 0–12: You may have full access to your child's medical records in MyChart.
- If your child is age 13–17: You may view your child's immunization records. (If your child has access to his or her own MyChart records, you will have full access to these records as well.)

These age ranges comply with state rules protecting minors who seek treatment for pregnancy, chemical abuse and sexually transmitted diseases (STDs).

Each parent needs to fill out his or her own form to gain access to their child's medical records. If you need to access records for more than three children, please ask for a second form. For more information, contact the MyChart representative at your child's clinic.

| A. | Child's Name | Medical Record # |
|----|-----------------|------------------|
| | | Birth Date |
| | Primary Doctor: | |
| В. | | Medical Record # |
| | | Birth Date |
| | Primary Doctor: | |
| C. | Child's Name | Medical Record # |
| | | Birth Date |
| | | Primary Clinic: |
| | | |