MYCHART PROXY ACCESS RELEASE OF INFORMATION REQUEST

Patient Identification - Write in or attach patient label

Name:

MRN #:

CSN #:



MYCHART PROXY ACCESS RELEASE OF INFORMATION REQUEST

Staff use only

Mark the type of MyChart Proxy access:

Adult accessing adult patient record

Parent or legal guardian accessing minor patient record

Please note full proxy access will expire when the patient becomes 13 years of age.

Limited access will be given until the minor turns 18.

Parent or legal guardian accessing developmentally disabled minor or adult patient record

KH Staff has confirmed the MyChart Special Proxy Access Order has been completed

Patient Identification - Write in or attach patient label

Name:

MRN #:

CSN #:

Age/Sex:

