



PROXY Request for Access to TMH MyChart

PATIENT INFORMATION (This person's health record will be accessible)		
Patient Full Name:		
Date of Birth:		
Address:		
City:	State:	Zip Code:
Phone:		

*****Please select the box below that best describes the proxy access requested*****
*****Please Note it may take three business days for your access to be fully granted*****

<p><u>MINOR PATIENT aged 0-17:</u></p> <p>Individual requesting access will have:</p> <ul style="list-style-type: none"><input type="radio"/> Full access <p>Relationship of Proxy to Patient is:</p> <ul style="list-style-type: none"><input type="checkbox"/> Parent<input type="checkbox"/> Legal Appointed Guardian <p><i>Legal documents may be required, such as Photo ID, guardianship papers and/or power of attorney.</i></p>	<p><u>ADULT PATIENT</u></p> <p>Adult patient to any Adult (18+) Access</p> <p>Individual requesting access will have:</p> <ul style="list-style-type: none"><input type="checkbox"/> Full Access – access to view clinical information like test results, medications and sensitive health information, and use messaging and scheduling features; or<input type="checkbox"/> Clinical Access – access to view clinical information like test results and medication, but no access to messaging or scheduling features; or<input type="checkbox"/> Schedule & Message Access – access to use messaging and scheduling features, but no access to view clinical information like test results and medications. <p><i>The above access can be granted by patient without submitting form via the patient's MyChart. Visit TMH.ORG/MyChart for details.</i></p>
<p><u>INCAPACITATED/INCOMPETENT ADULT PATIENT</u></p> <p>Adult patient to any Adult (18+) Access</p> <p>Individuals requesting access will have:</p> <ul style="list-style-type: none"><input type="radio"/> Full access <p>Relationship of Proxy to Patient is:</p> <ul style="list-style-type: none"><input type="checkbox"/> Health Care Surrogate<input type="checkbox"/> Legal Appointed Guardian<input type="checkbox"/> Family/Friend/Social Worker <p><i>Legal documents may be required, such as Photo ID, guardianship papers and/or power of attorney.</i></p>	

PROXY INFORMATION (This person will receive access to the above TMH health record – please print)		
Proxy Full Name:		
Proxy Date of Birth:		
Proxy Email Address:		
Proxy Address:		
City:	State:	Zip Code:
Proxy Phone Number:		

Submit Form

TMH HIM Department (Medical Records)

Patient Label or SCAN

