

Family Medicine Specialists, PC

Patient MyChart Proxy Form

You can designate one or more individuals to act as a proxy on your MyChart account. A proxy may be able to view medical record, claims, and appointment information; schedule appointments and correspond with office staff on your behalf. This designation will be in effect until you revoke it in writing.

DESIGNATION OF DELEGATE SECTION

Patient Name: _____

Patient Address: _____

Phone: _____

Email: _____

I request the following person(s) to act as my delegate and have access to my Portal account. (Additional delegates can be listed on the back of this form).

Representative Name: _____ Date of Birth: _____

Address: _____ (LAST) _____ (First) _____ (M.I.) City: _____ State: _____ Zip: _____

Telephone: (_____) _____) Email: _____

By signing below, I attest that I understand the above named delegate(s) have access to my Portal account. I further understand that this designation will be in effect until I revoke it in writing and the Mercy Health Physician Partners has received the written revocation.

(If under the age of 18) I understand that my parent or legal guardian will continue to be allowed to schedule appointments for me and will have access to all information to which they are legally entitled.

Date: _____

Patient's Signature

REVOCAION OF DELEGATE SECTION

I hereby revoke this designation of a delegate. I understand that this revocation is in effect going forward and does not prevent this individual from using or disclosing information obtained during the time s/he served as my delegate.

Date: _____

Patient's Signature

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Additional Delegates:



I request the following person(s) to act as my delegate and have access to my Portal account.

Representative Name: _____ Date of Birth: _____
(LAST) (FIRST) (M.I.)
Address: _____ City: _____ State: ____ Zip: _____
Telephone: (_____) Email: _____

I request the following person(s) to act as my delegate and have access to my Portal account.

Representative Name: _____ Date of Birth: _____
(LAST) (FIRST) (M.I.)
Address: _____ City: _____ State: ____ Zip: _____
Telephone:(_____) Email: _____

I request the following person(s) to act as my delegate and have access to my Portal account.

Representative Name: _____ Date of Birth: _____
(LAST) (FIRST) (M.I.)
Address: _____ City: _____ State: ____ Zip: _____
Telephone: (_____) Email: _____