

Adult MyChart at NYU Langone Proxy Access Request and Authorization Form

Requirements and Procedures

- Proxy access to the MyChart at NYU Langone record of an adult may be granted by the patient or his/her legal representative.
- Both the person requesting access and the patient or his/her legal representative must sign this form.
- The proxy must have his/her own MyChart at NYU Langone account because the patient's chart will be accessed through the proxy's MyChart at NYU Langone record.

I understand that:

- MyChart at NYU Langone is intended as a secure online source of confidential medical information.
- **MyChart at NYU Langone is not to be used in an emergency.**
- Use of MyChart at NYU Langone is voluntary and I am not required to authorize proxy access.
- I must select a confidential password to maintain my password securely and change my password if I believe it may have been compromised in any way.
- If I share my MyChart at NYU Langone ID and password with another person, that person may be able to view my or my child's health information, as well as information about any adult who has authorized me as a MyChart at NYU Langone proxy.
- If I have proxy access, I must log in to my own MyChart at NYU Langone account and click on "View Other Records" to access another patient's record.
- MyChart at NYU Langone contains selected, limited medical information from a patient's medical record and is not the complete medical record.
- My activities within MyChart at NYU Langone may be tracked by computer audit and entries I make may become part of the medical record.
- Access to MyChart at NYU Langone is provided by NYU Langone Medical Center as a convenience to its patients and that NYU Langone Medical Center has the right to deactivate access at any time for any reason.

Completing this form will establish a MyChart at NYU Langone record for the patient and proxy. Return completed forms to your provider's office or to _____.

If you already have a MyChart at NYU Langone account, you will receive a MyChart at NYU Langone message when access to the additional patient's record is available, typically 5 to 7 business days after completed request and authorization form is received.

PROXY: I am requesting access to the medical information available on MyChart at NYU Langone for the patient named below and agree to abide by the above terms and conditions of MyChart at NYU Langone and all other terms and condition viewable online within MyChart at NYU Langone.

Name: JEFFREY EASTEIN Date of Birth: 1-20-53 Email: jeevacation@gmail.com

Address/Phone #: 9 EAST 71ST ST, NY, NY 10021 / 

Proxy Signature

Relationship to Patient Date

PATIENT OR PATIENT REPRESENTATIVE: I acknowledge that I have read and understand this Request and Authorization Form. I agree to its terms and choose to designate the person named above as my MyChart at NYU Langone Proxy, thereby allowing my proxy to access my MyChart at NYU Langone medical record.

Name: _____ Date of Birth: _____ Email: _____

Address/Phone #: _____ / _____

Patient or Representative Signature

Relationship to Patient Date