## MyChart Access Request Form ATLAS PURPLE RENFERW VICTORIA HOSPITAL



Last Name									
First Name		Middle Initial							
Health Card #		Date of Birth (DD-MM-YYYY)							
Street Address				<u> </u>					
City		Province				Postal Code			
Home Phone #		Cell Phone #							
Email Address				<u>'</u>					
ection B: Proxy Informa	tion: The patient i	in section A must	read	and acknow	ledge the	informa	tion o	n the reve	rse
his section authorizes the A	Atlas Alliance to re	lease personal he	ealth	information	to anothe	er individ	ual (p	roxy) thro	Patient initi ugh a patient's
Last Name	d be completed by	r tile patient (il ag	12	years or orc	iei) oi ie(	jai guaic	iiaii (i	Tunder ag	e 12 years).
First Name				Middle Ini	tial				
Health Card #				Date of Bi	rth (DD-N	/M-YYY	Y)		
Relation to Patient									
□Check this box if your a	ddress is the sam	e as the patient.	Emai	l address ar	nd Phone	# are st	ill req	uired.	
Street Address									
City			Pro	ovince			Posta	al Code	
Home Phone #				Cell Phon	e #				
Email Address									
am requesting that the abo yChart Portal.	ve person (proxy)	in Section B rece	eive a	ccess to my	/ health ii	nformatio	on ava	ailable in t	he Atlas Allian
<ul> <li>I authorize Atlas Alli Proxy.</li> <li>I authorize release of record to my design</li> <li>I understand that on information may or re</li> </ul>	of this information atted proxy by other ce information has any not be covere	through my MyCher methods or by established by been disclosed, do by privacy prote	nart re other it po ectior	ecord. This forms. tentially ma	form doe	s not aut	thorize	e release o	of my medical
OTE: You may deactivate y stitution.	our proxy's acces	s at any time by c	ompl	eting the M	yChart de	eactivatio	on Re	quest Fori	m at your
Patient Name		Signature				Date (D	DD-MI	M-YYYY)	
Proxy Name		Signature				Date (E	DD-MI	M-YYYY)	
Complete the form and		│ lealth Record De	epart	ment of the	closest	particip	ating	g health-c	are institutio
where you receive you	care.	HEALTH REC	ORD	S USE ON	LY				
Completed by:			Date	(DD-MM-Y	YYY)	ID	Verifie	ed? (initial	s)

## **MyChart Access Request Form**

Atlas Alliance MyChart is a secure, online patient portal that connects you to parts of your health record at one or more of the following institutions of care: The Ottawa Hospital Academic Family Health Team, Hawkesbury and District General Hospital, Renfrew Victoria Hospital, St. Francis Memorial Hospital, The Ottawa Hospital and the University of Ottawa Heart Institute.

To request Proxy Access to MyChart (access to another individual's chart), please read this form carefully and complete the appropriate fields below.

## **Adult Accessing Adult**

There are 2 types of access that can be granted for MyChart:

- Adult to Adult (patient is capable): Competent individual aged 12 and older can grant MyChart proxy access to another competent adult.
- Adult to Adult (patient is not capable): Those adults whose decision-making rights are exercised by others; for example, a patient Power of Attorney can have their decision-maker request access to their health record. Legal documentation must be provided confirming that you have decision-making authority for patients who are not capable to make decisions for themselves.

## **Parent Accessing Child**

The following age ranges govern use of MyChart:

- Ages 0-11: The parent/legal guardian can have full access to the MyChart record upon approval of application. The patient will have access only with permission of the parent/legal guardian. The parent/legal guardian must complete sections A and B.
- Ages 12 or older: The patient can have full access to the MyChart record upon approval of application. Parent/Guardian will have access with permission of the patient. The patient must complete section A to get access and complete section B to give access to your legal guardian or anyone else. MyChart access will not affect your legal right to access your health record by other means. To request a paper copy of your record, contact the Health Records Department at the institutions(s) where you have received your care.
- If you're a parent, you can have full access to your child's record to age 12 and limited access to age 18. The day before the child's 18<sup>th</sup> birthday, Proxy access will be automatically removed.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that my health care treatment or other services will not be conditional on whether I provide this authorization. However, I also understand that if I do not provide authorization, Atlas Alliance is not permitted to provide access to MyChart record to my designated proxy.

I may revoke this authorization at any time by completing the MyChart Deactivation Request Form and submitting the request for revocation to the Health Records Department at the institutions(s) where you have received care. I understand that if I revoke this authorization, my designated proxy's access to MyChart will be ended. I also understand that my revocation will not affect any disclosures that were made prior to processing the revocation request.