



MyChart Reduced Capacity Access Information Sheet

Southcoast recognizes that a Southcoast patient may grant a spouse, relative, close friend, or other third party access to their medical record under certain circumstances where the patient may have reduced capacity to make or review medical care decisions. In the case where that third party is the patient's Guardian pursuant to an order of the state's probate court, or has a Durable Power of Attorney for Health Care over the patient, or is the patient's Health Care Proxy in Massachusetts, such third party can gain access to the patient's online medical record by providing documentation of such privileges, if applicable, and submission of this application.

Applicants seeking access to a Southcoast patient's medical record online through MyChart by submitting a MyChart Reduced Capacity Authorization Form must adhere to the following conditions:

- MyChart Reduced Capacity Access Authorization Form must be completed and signed.
- Appropriate Power of Attorney, Order of Appointment of Guardian, or Health Care Proxy documentation must be provided.
- Should Power of Attorney, Guardianship Appointment, or Proxy privileges be revoked or limited, the Applicant is responsible to report this information immediately to Southcoast.
- Applicant must log into MyChart with his/her own User ID and Password.
- Applicant must agree to abide by the terms and conditions of the MyChart site.
- Communications on behalf of the patient must be sent from the patient's MyChart record and responses will be received in the patient's MyChart record.
- MyChart access to the patient's record will be revoked when my relevant guardianship, power of attorney, or proxy rights expire.
- **MyChart is not to be used in an emergency.**

Reduced Capacity Access to a patient's record is revoked when the patient or a physician submits a request to Southcoast to revoke access or revokes access online via MyChart.

If the Applicant already has a MyChart account, Applicant will receive a MyChart message when access to the patient's record becomes available, typically 5 to 7 business days after the completed authorization form is received. If Applicant does not have a MyChart account, Applicant will receive an activation letter with instructions on how to create one. Applicant must promptly activate the account.



Southcoast[®] Health

MRN: _____

Southcoast Health

MyChart Reduced Capacity Access Application

Access to the Southcoast Health Electronic Medical Record

Please PRINT (except signature) and provide complete information in each section

_____	_____	_____
Patient's full legal name	Date of Birth	Gender
_____	_____	_____
Mailing address	City	State Zip Code

Telephone number		

By signing this form, I am attesting that the above named patient is currently mentally incapacitated, and I have been designated by the court or the patient as the patient's legal or other representative during this period of incapacitation. I am requesting electronic access to the patient's Southcoast medical record via MyChart. A copy of the Order of Appointment of Guardian, Health Care Proxy form, or Durable Power of Attorney for Health Care is enclosed. I understand that, without one of these legal documents enclosed, my access will be denied. I further acknowledge that I have read, understand, and agree to the terms of the MyChart Reduced Capacity Access Information Sheet, as well as any additional requirements and procedures for accessing the medical information of a Southcoast patient online through MyChart.

_____	_____	_____
Applicant's full legal name	Date of Birth	Telephone Number
_____	_____	_____
Mailing address	City	State Zip Code
Email Address (optional): _____		

Acceptance of this form shall grant online access for three years, unless terminated earlier by the patient. If this consent is cancelled, I understand that my duty to protect the confidentiality of information obtained under this agreement does not terminate.

I understand that my Southcoast medical record may include information about treatment I may have received for medically sensitive conditions, including but not limited to substance abuse, mental health, genetic testing, or HIV-related conditions. I understand that it is not technically possible at this time to grant MyChart access that would not include this information.

_____	_____
Applicant's Signature	Date

Southcoast reserves the right to revoke online access to medical information at any time.
 Southcoast does not require completion of this form as a condition of evaluation or treatment.

Mail Complete Form to: Southcoast Health
 Health Information Management Department
 Release of Information/MyChart
 200 Mill Road, Suite 210
 Fairhaven, MA 02719



Fax Completed Form to: (508) 973-3690

Questions: (508) 973-3700

Internal use only: Verified and access entered by: _____ Date: _____