## **MyChart Caregiver Access Information Sheet**

Southcoast recognizes that an adult (i.e. a spouse, parent, adult child, friend), known as a Caregiver, may be granted access to the medical record of an adult Southcoast patient online via MyChart upon receipt of the authorization of the patient.

Caregivers seeking access to a Southcoast patient's medical record online through MyChart must adhere to the following conditions:

- + MyChart Caregiver Access Authorization Form must be completed and signed.
- + Caregiver must log into MyChart with his/her own User ID and Password.
- + Caregiver 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 account and responses will be received by the patient's MyChart account.
- + MyChart is not to be used in an emergency.

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

If the Caregiver already has a MyChart account, Caregiver 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 the Caregiver does not have a MyChart account, Caregiver will receive an activation letter with instructions on how to create one. Caregiver must promptly activate the account.

This authorization is voluntary, and will continue unless terminated by the patient, patient's guardian, a physician, or Southcoast. If the Caregiver chooses to cancel this agreement at a later date, the Caregiver shall send written notification to Southcoast Health, Health Information Management Dept., Release of Information/MyChart, 200 Mill Road, Suite 210, Fairhaven, MA 02719.

## MyChart Caregiver Access Application

Caregiver Access to the Southcoast Health	Electronic Med	ical Record MRI	N:	
Please PRINT (except signature) and provide com	plete information	in each section.		
Patient's full legal name		Date of Birth		Gender
Mailing address	City		State	Zip Code
Phone	-			
I am allowing the person named below to electronically	y view my Southcoa	st medical record via My	⁄Chart.	
Caregiver's full legal name	Date of Birth	Phone	Re	lationship to patien
Mailing address	City		State	Zip Code
If this consent is cancelled, I understand that information profidentiality. I acknowledge that: 1) recipients of this information on the confidentiality. I acknowledge that: 1) recipients of this information on the confidentiality of the confidentiality. I acknowledge that: 1) recipients of this information ins disclosed it may no longer be I understand that my Southcoast medical record may included the conditions, including but not limited to substance abuse, in not technically possible at this time to grant MyChart access.	protected by federal de information abou mental health, genet	le re-release the informati privacy regulations. t treatment I may have re- ic testing, or HIV-related o	on without p	eroper authorization,
Patient Signature* *If not signed by patient, legal documentation will be r	required.	Date		
Caregiver Signature		 Date		
Southcoast reserves the right to revoke online access to Southcoast does not require completion of this form as		•		
Mail completed form to: Southcoast Health, Hea Release of Information/MyChart, 200 Mill Road, S			ent	
Fax completed form to: 508-973-3690				
<b>Questions:</b> 508-973-3700				
Internal use only:		Data		

