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. 200 Mill Road, Suite 210, Fairhaven, MA 02719.

MyChart Caregiver Access Application

Caregiver Access to the Southcoast Health Electronic Medical Record   MRN: _____

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

_____
Phone

I am allowing the person named below to electronically view my Southcoast medical record via MyChart.

_____   _____   _____   _____
Caregiver's full legal name   Date of Birth   Phone   Relationship to patient

_____   _____   _____   _____
Mailing address   City   State   Zip Code

_____
Email Address (optional):

As the patient signing below, I acknowledge that I have read, understand, and agree to the terms of the MyChart Caregiver Access Information Sheet, as well as any additional requirements and procedures for accessing my medical information online. I hereby acknowledge that I am allowing the Caregiver named herein to electronically view my medical record online through MyChart.

If this consent is cancelled, I understand that information previously viewed by the Caregiver does not constitute a breach of confidentiality. I acknowledge that: 1) recipients of this information may possible re-release the information without proper authorization, and 2) once information ins disclosed it may no longer be protected by federal privacy regulations.

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.

_____   _____
Patient Signature*   Date
If not signed by patient, legal documentation will be required.

_____   _____
Caregiver 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 completed form to: Southcoast Health, Health Information Management Department

200 Mill Road, Suite 210, Fairhaven, MA 02719

Email completed form to: SC-HIM-MyChart@Southcoast.org

Fax completed form to: 508-973-3690

Questions: 508-973-3700

Southcoast® Health