



Thank you for your interest in MyChart, our electronic medical record. We are pleased to offer this service to our adult patients and minors ages 12–17. You must have an e-mail address to use MyChart. Once enrolled, you can use the secure Internet site at any time to send messages to your care team, request prescription renewals and view most test results. If you have questions about filling out the form, contact your clinic’s MyChart representative. When the clinic receives this form, we will mail your start-up information.

1. Your information: (Please print clearly) New user Request proxy user Renew proxy user

Your Name _____ Medical Record # _____
Address _____
Previous Names _____ Social Security # (optional) _____ Birth Date _____
Home Phone _____ Work Phone _____ E-mail _____
Primary Doctor _____ Primary Clinic _____

Authorization to Release Protected Health Information

I allow Fairview Health Services and its partners to release medical information through MyChart to: Myself My proxy

Please release the following details: All information as allowed through MyChart.

I ask that you release this information for the following: Personal use Other: _____

I understand that:

- MyChart access includes all MyChart information from visits to all care providers using Fairview’s shared electronic medical record. These providers are listed at www.fairview.org.
- If I change my mind, I may tell my care team at any time. I may do this verbally or in writing. This will not apply to records that have already been released.
- Once records are released, Fairview and its partners cannot prevent them from being released to a third party.
- To be valid, this form must be completely filled out, signed and dated. A copy that has not been altered is as valid as the original.
- If I do not sign this form, I will still be treated.

Signature of Patient or Authorized Person *Relationship to Patient* *Date / Time (Required)*
(parent, guardian, power of attorney, etc.)

Reason patient is unable to sign: _____

Please mail this form to your clinic. Visit www.fairview.org for your clinic’s mailing address.



2. Giving others access to your medical records (called proxy access)

You may grant another person full access to your records. This might be a parent, spouse, adult child or someone who helps you manage your health. A proxy is a person who can access your records as if they were you. To have an adult proxy view your records in MyChart, complete the information below.

- Your proxy may access your account for five years from the date of your signature on the front of this form. To renew access, please contact the MyChart representative at your clinic.
- If your proxy is a patient at a clinic belonging to Fairview or one of its partners, he or she must sign and date the form below.* The proxy will also receive full access to his or her own medical records. By signing below, he or she agrees to the statements (bullets 1–5) on the front of this form.
- If your proxy is not a patient at a Fairview or partner clinic, he or she does not need to sign below.

Proxy Name _____ Relationship to Patient _____
 Address _____
 Previous Names _____ Birth Date _____
 Social Security # (optional) _____ Home Phone _____ Work Phone _____

Is this person a patient at a Fairview or partner clinic? Yes (must sign below) No

*Signature of Proxy, if a patient at a Fairview or partner clinic _____
 Date _____ Time _____

3. Accessing your child’s medical records

If your child is a patient at a Fairview or partner clinic, you may have access to his or her MyChart records.

- If your child is age 0–11: You may have full access to your child’s medical records in MyChart.
- If your child is age 12–17: You may view your child’s immunization records. (If your child has access to his or her own MyChart records, you will have full access to these records as well.)

These age ranges comply with state rules protecting minors who seek treatment for pregnancy, chemical abuse and sexually transmitted diseases (STDs).

Each parent needs to fill out his or her own form to gain access to their child’s medical records. If you need to access records for more than three children, please ask for a second form. For more information, contact the MyChart representative at your child’s clinic.

A. Child’s Name _____ Medical Record # _____
 Previous Names _____ Birth Date _____
 Primary Doctor: _____ Primary Clinic: _____

B. Child’s Name _____ Medical Record # _____
 Previous Names _____ Birth Date _____
 Primary Doctor: _____ Primary Clinic: _____

C. Child’s Name _____ Medical Record # _____
 Previous Names _____ Birth Date _____
 Primary Doctor: _____ Primary Clinic: _____