

Thank you for your interest in MyChart®. We are pleased to offer this service to our adult patients, over the age of 18. Patients must have an e-mail address and a primary care provider to participate in MyChart. Those enrolled in this new service can use the fully-secure Internet site to schedule appointments, send messages to your care team at any time, request prescription renewals and receive test results electronically.

If you have questions about filling out the form, contact your clinic’s MyChart representative. When the clinic receives your release form, you will be mailed your startup information, which includes: your access code, answers to frequently asked question, a guide to compatible computer and Internet operating systems and reference guide for software operation.


1. Your information: (Please Print Clearly)

Your Name _____ **Medical Record #** _____

Previous Names _____ Social Security # _____ Birthdate _____

Home Phone _____ Work Phone _____ Email _____

Primary Physician: _____ Primary Clinic: _____

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize Fairview Clinics to release medical information via My Chart to: Myself Legal Guardian Designated Proxy

The following information is to be released: Any and all information over the course of the next year as allowed through MyChart.

I am requesting this information be released for the following purpose: Personal use Other: _____

- I understand that MyChart access includes access to all MyChart information available from visits to Fairview Clinics and Burnsville Family Physicians.
- I understand I may revoke this authorization by written request at any time by contacting my primary care clinic. I understand that the revocation will not apply to the information that has already been released in response to this authorization.
- I understand that once information is released pursuant to this authorization, Fairview Clinics cannot prevent the re-disclosure of the information to another third party.
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid. A copy that has not been altered will be considered as valid as an original.
- Except for research-related treatment, Fairview will not condition treatment on my signing this authorization.

Signature of Patient/Authorized Person	Authorized Person’s Authority to Sign (parent, guardian, power of attorney, etc.)	Date*
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Reason patient is unable to sign: Minor Other: _____

** Please make sure the date is filled in. This Form is invalid without a date.*

Please mail authorization form to your primary care clinic.



MYCHART ACCESS INFORMATION

2. Access to Children's Medical Records

Parents who are patients at a Fairview Clinic can have proxy access to their children's medical records.

- **If your child is between the ages of 0-12:** You are granted full authority by proxy to access to your child's medical chart.
- **If your child is between the ages of 13-18:** You will be granted partial access to his/her medical record.

These age ranges comply with state regulations designed to protect minors who seek treatment for pregnancy, chemical abuse and sexually transmitted diseases.

- Each parent needs to fill out his or her own form to gain proxy access to their child's medical record.
- If you have more than four children for whom you'd like proxy access, please request an additional form.
- Authorization for proxy access to a child's account is valid until the child turns 18.

For further information on access to your child's medical records please contact the MyChart representative at his or her primary care clinic.

A. Child's Name _____ **Medical Record #** _____

Previous Names _____ Birthdate _____

Primary Care Provider: _____ Primary Clinic: _____

B. Child's Name _____ **Medical Record #** _____

Previous Names _____ Birthdate _____

Primary Care Provider: _____ Primary Clinic: _____

C. Child's Name _____ **Medical Record #** _____

Previous Names _____ Birthdate _____

Primary Care Provider: _____ Primary Clinic: _____

D. Child's Name _____ **Medical Record #** _____

Previous Names _____ Birthdate _____

Primary Care Provider: _____ Primary Clinic: _____

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3. Giving Others Access to Your Medical Records

You may grant a spouse, adult child, or someone who helps you manage your health, full access to your medical records.

A proxy is a person who can access your information as if they were you. In order for adult proxy to view your info in MyChart, he/she must be a Fairview Clinic patient and complete their own MyChart Access Form.

- Authorization for proxy access to a your account is valid for a period of one year from the date of the signature.
To renew access, please contact the MyChart Representative at your primary clinic.

Proxy Name _____ Relationship to Patient _____

Previous Names _____ Birthdate _____