

Patient Script

I, \_\_\_\_\_ (Patient's Name) consent to giving proxy access for MyChart to \_\_\_\_\_ (proxy name).

By signing below, I am acknowledging that I have read and understand the MyChart user agreement terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (DD\MM\YYYY)

Relationship to proxy: \_\_\_\_\_

Proxy Script

I, \_\_\_\_\_ (Proxy name) am requesting access to MyChart for \_\_\_\_\_ (patient name).

By signing below, I am acknowledging that I have read and understand the MyChart user agreement terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (DD\MM\YYYY)

Relationship to patient: \_\_\_\_\_