



Covenant HealthCare  
1447 North Harrison  
Saginaw, MI 48602

PF02939 (R 6/08)

**MY CHART  
ADULT  
PROXY FORM**

PATIENT I.D.

*If you would like an individual, such as a spouse or a caregiver, to access your MyChart account, you must complete this proxy authorization form.*

**Patient Information** (All sections required - please print clearly.)

**This section must be completed with your information.**

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Primary Office \_\_\_\_\_

**Proxy Information** (All sections required - please print clearly.)

**This section must be completed with the information of the person you are authorizing to access your account.**

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Primary Office \_\_\_\_\_

**MyChart Terms and Agreement**

- I understand that MyChart is intended to be a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person will be able to view my health information, and health information about someone who has authorized me as a MyChart proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that access to MyChart is provided by Covenant HealthCare as a convenience to its patients and that Covenant HealthCare has the right to deactivate access to MyChart at any time, for any reason.
- I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy. I also understand that Covenant HealthCare cannot alter any of my healthcare treatments, payments or other services based on whether I provide proxy authorization. However, I also understand that if I do not provide this authorization, Covenant HealthCare is not permitted to provide access to my MyChart record to any designated proxy.
- I authorize the previously mentioned proxy access to my health information that is available from Covenant HealthCare MyChart Record. I authorize release of this information **only** through my MyChart record. This form does not authorize release of my medical record to my designated proxy by any other method. I understand that once this information has been disclosed, it potentially may be released by the proxy and this released information may not be covered by federal privacy protections.
- By signing below, I acknowledge that I have read and understand the Adult Proxy Form and I agree to its terms.

**Patient signature**

**Date**

**Proxy signature**

**Relationship to Patient**

**Date**