TO BE COMPLETED BY PROXY (INDIVIDUAL REQUESTING ACCESS):

Name:	**Social Security #:**
Address:	
Email:	**Date of Birth:**

I have read and understand the requirements and procedures regarding proxy access above. All information I have provided is correct. I understand that:

- I must have a Baptist Health MyChart account to obtain proxy access to another patient's account.
- I must log in to Baptist Health MyChart with my own User ID & Password when utilizing proxy access, and will obtain proxy access from my account.
- I agree to abide by the Baptist Health MyChart Terms and Conditions.
- Baptist Health reserves the right to revoke proxy access to a Baptist Health MyChart account at any time.
- **Baptist Health MyChart is not to be used to communicate or obtain treatment in an emergency.**

I am requesting proxy access for the patient identified below and I certify that (check one box, as applicable):
____ I am the Patient's Health Care Power of Attorney
____ I am the Patient's (circle one): Father / Mother / Legal Guardian
____ I am the Patient's family/caregiver (describe any family relationship:______________________________).
____ Other (describe relationship):________________________________

Signature of Proxy: ____ **Date:** _______________

TO BE COMPLETED BY/FOR THE PATIENT:

Name:	**Date of Birth:**	
Address:		
Social Security #:	**Male:** _______	**Female:** _______

The undersigned grants proxy access to his/her Baptist Health MyChart record to the person requesting proxy access listed above. Or, for a minor patient or incompetent patient, the undersigned grants proxy access to the patient's Baptist Health MyChart record on behalf of the patient to the person requesting proxy access listed above. **This form must be signed by the patient if a competent adult or a minor over 14 years of age.**

Signature of Patient (or Representative/Guardian/Parent): ______________________________________ **Date:** _________

****Email form: baptistphrquestions@bhsi.com OR Fax form: 502-253-4829 OR**
Mail form to: Baptist Health Release of Information
2600 Stanley Gault Pkwy.
Suite 101
Louisville, Ky. 40223

Phone: 502-253-4820 or 844-764-7820