

Label



CONSENT MYCHART SHARE ACCESS REQUEST FORM

Request for Online Access to Medical Records for an Adult

You must submit form in person to a clinic at a Golden Valley Health Centers clinic. Photo ID will be verified upon submission.

Patient information is confidential and is protected by law. You have access to information in MyChart (Golden Valley Health Center's patient portal that allows secure access to health information), and if you choose, you may authorize a Proxy to have access also such as a family member or friend. If you authorize Proxy access, the Proxy will see all your health information available in MyChart, including details of your care, diagnoses, medications, lab results, caregivers' notes and observations, your emails with your caregivers and other personal information about you and your care available in MyChart.

Patient Name Last First MI Phone Date of Birth MM/DD/YYYY

BY COMPLETING AND SIGNING THIS AUTHORIZATION FORM, YOU AUTHORIZE GOLDEN VALLEY HEALTH CENTERS TO GRANT ACCESS TO ALL OF YOUR HEALTH INFORMATION AVAILABLE IN MYHEALTH AND/OR BEDSIDE INCLUDING INFORMATION REGARDING HIV, DRUG/ALCOHOL USE, FAMILY PLANNING/GENETICS AND MENTAL HEALTH, IF PRESENT, TO THE FOLLOWING INDIVIDUAL (YOUR MYHEALTH AND/OR BEDSIDE PROXY):

Proxy Name Last First MI Street Address City State Zip Code Phone Date of Birth MM/DD/YYYY Gender Male Female Email

Proxy Affiliation with GVHC:

I am a patient with MyChart log-in I am a patient without MyChart log-in I am not a patient

This authorization shall expire 50 years from the date of your signature below. If you wish a different expiration date, please indicate below. You may revoke this authorization at any time electronically in your MyChart record, or you may submit a written revocation. If written, the revocation must be signed by you and sent to the GVHC medical record department. The revocation is effective upon processing but will have no impact on uses or disclosures made while the authorization was valid.

Your Signature Date

HIMS USE ONLY

Date Request Received: Patient Relationship Verified By: Proxy MRN: Proxy Access Approved: Letter Sent: Date Sent: