

Access to the Online Medical Record of an Adult Patient

Requirements and Procedures

Adults can access the online medical record with the patient's consent.

Requirements for accessing an adult's record:

- Authorization form must be completed and signed
- Each individual requesting access must have their own MyChart account or a MyChart account will be established for them by the MyChart staff

I understand that:

- I must have a MyChart account or an account will be established for me
- I must log in to MyChart with my own User ID & Password
- I agree to abide by the terms and conditions of the MyChart site
- **MyChart is not to be used in an emergency**

Reading Health System reserves the right to revoke online access to medical information at any time.

If you already have a MyChart account, you will receive an e-mail message when access to the patient's record becomes available, typically 24 business hours after completed authorization form is received.

If you do not have a MyChart account, you will receive a MyChart Activation Letter with instructions on how to create one. If you do not activate your account within 60 days after receiving your MyChart Activation Code, your code will expire. Please promptly activate your account.

Adult Proxy Authorization Form

Please enter **Patient's** information below:

Patient's Name: _____ Social Security # (Last 4 digits): XXX-XX-_____
Address: _____ Date of Birth: _____
_____ Gender: _____ Male _____ Female

I agree to allow the person named below, MyChart access to my medical information currently available and that may become available as a result of future medical care. I understand that I may revoke this access at any time.

Date Patient Signature

Date Witness Signature

Please enter **Adult Proxy's** information below:

Proxy's Name: _____ Date of Birth: _____
Address: _____ Gender: ____ Male ____ Female

Do you (Proxy) have an active MyChart account? ____ Yes ____ No ____ don't know

I have read and understand the requirements and procedures for accessing a patient's medical record information online as provided on page one of this document titled, Access to the Online Medical Record of an Adult. I certify that all information I have provided is correct. I hereby request access to this patient's online record.

Date Authorized Adult Signature

Date Witness Signature

To be notified when new messages about the patient's care are sent to MyChart, please list an email address: _____

Mail completed Authorization Form to:
Reading Hospital Records Center
Attn: MyChart
PO Box 16052
Reading, PA 19612-6052
Phone: 484-628-6924
Fax: 484-628-9777
Email: RHSMychart@Readinghealth.org