

# Caregiver Access to the Online Medical Record of a Patient

## Requirements and Procedures

Caregivers can access the online medical record of a patient if the patient authorizes.

Requirements for online access to a patient's record:

- Individual requesting access must have signed consent from the patient
- Caregiver Authorization Form must be completed and signed
- Each caregiver requesting access must have their own MyChart account or a MyChart account will be established 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 on the MyChart site
- **MyChart is not to be used in an emergency**

Caregiver access to a patient's record is revoked when the patient or physician submits a request or revokes access online. Reading Health System reserves the right to revoke online access to medical information at any time.

Communications on behalf of the patient must be sent from the patient's record and responses will be received in the patient's record. MyChart email alerts will be sent to the email address entered in the patient's record.

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.

## Caregiver 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

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

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

Please enter **Caregiver** information below:

Caregiver Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

\_\_\_\_\_

Do you (caregiver) have an active MyChart account? \_\_\_ Yes \_\_\_ No \_\_\_ don't know

**I have read and understand the requirements and procedures regarding accessing a patient's medical record information online as provided on the document titled Caregiver Access to the Online Medical Record of a Patient.**

**I certify that I am a caregiver of the above named patient and all information I have provided is correct. I hereby request access to this patient's online medical record.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Signature

**Mail completed Caregiver 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**