

Power of Attorney 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. In the case Of Power of Attorney (POA), the caregiver can gain access by providing appropriate Medical POA documentation.

Requirements for online access to a patient's record:

- Individual requesting access must have appropriate Power of Attorney documents
- Power of Attorney authorization form must be completed and signed
- Appropriate Medical Power of Attorney documentation must be provided
- Each Power of Attorney requesting access must have their own MyChart account or have an account established by the MyChart staff
- Should POA be revoked or limited you are responsible to report this information immediately to the MyChart Staff at 484-628-6924

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 access to the patient's record will be revoked when my POA rights expire
- **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 have a MyChart account, you will receive a MyChart message when access to the patient's record is 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 you MyChart Activation Code, your code will expire. Please promptly activate your account.

Medical Power of Attorney 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

Please enter **Medical Power of Attorney (MPOA)** information below:

MPOA Name: _____ Date of Birth: _____
Address: _____
_____ Gender: _____ Male _____ Female

Do you 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 Power of Attorney Access to the Online Medical Record of a Patient.

I certify that I have Power of Attorney related to medical care and access to medical information for the above-named patient and that all information I have provided is correct. I hereby request access to this patient's online medical record.

Date

Medical Power of Attorney Signature

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

Mail completed form with copy of Medical Power of Attorney documentation 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