

**Patient Information**  
*All fields are required.*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Proxy Information**  
*All fields are required.*

Proxy / Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_

**MyChart Terms and Conditions**

I understand the following:

- MyChart contains selected, limited medical information from a patient's medical record and does not reflect the complete contents of the medical record. A paper copy or PDF of a patient's medical record may be requested from the patient's health care provider.
- My activities within MyChart are tracked by computer audit, and entries I make can become part of my medical record or the above-named patient's medical record.
- I understand that my access to any information about the patient may be revoked by the patient through a written request.
- I agree to abide by the St. Charles Health System MyChart [Terms and Conditions](#).
- **Send form to:** SCHS HIM Manager, at 2500 NE Neff Road, Bend, OR 97701

By signing below, I acknowledge that I am providing documentation of my authorization to access the protected health information of the patient described above. I certify that I am legally authorized to access such information about the patient named above, and that the information I have provided is true and correct.

Proxy Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proxy Printed Name: \_\_\_\_\_

I acknowledge that I have read and understand this MyChart adult proxy form. I agree to its terms and designate the person named above as my MyChart proxy, thereby allowing him/her access to my MyChart medical record.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_

**For Office Use Only**  
Document to be retained in Patient Record  
 Patient MRN: \_\_\_\_\_ Proxy Activation Date: \_\_\_\_\_

