

## **MyChart Adult Proxy Access**

For patients 18 years or older, parents, legal guardians, or caregivers can request proxy access, with the patient's or authorized person's consent, by completing this Adult Proxy Access form. The patient can also complete this form on the NOAH website at www.noahhelps.org/MyChart.

What is proxy access? Proxy access allows a parent, legal guardian or caregiver to link a patient's MyChart account to their own MyChart account. Linking the patient's MyChart account to their own will allow a parent, legal guardian or caregiver (the proxy) to view and manage the personal health information of the patient.

If the proxy or the patient listed below doesn't currently have a MyChart account, by submitting this form, a MyChart account will automatically be created.

## **Proxy Information** (All sections required - please print clearly.)

Phoenix, AZ 85020

Complete this section with inf	ormation about the individual	having proxy access to the adult pa	atient MyChart record.
Name (last, first, middle initia	al):		
Date of Birth			
Street Address:			
City, State, Zip:			
Phone Number:	Email:		
Patient Information (All	sections required - please prir	nt clearly.)	
Complete this section with inf	ormation about the patient.		
Name (last, first, middle initia	al)		
Date of Birth:	Email:	Gende	er:
Street Address:			
City, State, Zip:			
By signing below, I acknowled terms and conditions found at	_	tand this Adult Proxy Access form a os.	ind agree to the MyChart
Proxy Signature (Required)		Relationship to Patient	/ Date
Signature of Patient or Author		Relationship to Patient	/
Submit Completed Forms to:	Mail:	Email:	Forms can also be
NOAH - Health Information Management	7500 N. Dreamy Draw Dr. Ste-145	him@noahhelps.org  Fax:	dropped off at any NOAH Health Center Front Desk

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