

Place Patient Barcode Here

Family Access Form
MyChart Proxy Adult – Adult

Patient Name: _____ DOB: _____ MRN: _____

Proxy Name: _____ DOB: _____ MRN: _____

Proxy Address: _____ Phone #: _____

Does Proxy Have a My K-Chart account ____ Yes ____ No **(if no fill out email legibly)**

Proxy Email _____

Relation to Patient: _____

I agree to give family (proxy) access to My K-Chart to the proxy listed above. I understand that this gives 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 access at any time.

Patient Signature

Date

Witness Signature

Date

This form may be returned to Health Information via fax or email. Please be sure to fill in all requested fields – missing information may result in a delay of access to the requested account.

HI Fax: (509) 942- 2701
 HI Email: ROlinbox@kadlec.org

