

Caregiver Access to the Online Medical Record of an Overlake Medical Center and Overlake Medical Clinics Patient

Requirements and Procedures

Caregivers can access the online medical record of an Overlake Medical Center and Overlake Medical Clinics 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 Overlake 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 must click on 'View Other Records' to access a patient's online record
- 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. Overlake 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.

When signed into another person's online medical record, the MyChart screen will have a visual indication that you are in the proper record. The person's name will also be displayed within the banner.

If you have a MyChart account, you will receive a MyChart message when access to the patient's record is available, typically 5 to 7 business days after completed authorization form is received.

If you do not have a MyChart account, you will receive a MyChart activation code with instructions on how to create one. Please promptly activate your account.

Caregiver Authorization Form

Please enter **Patient's** information below:

Patient's Name: _____ Overlake Medical Record #: _____
Address: _____ Social Security #: _____ - _____ - _____
_____ 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

Please enter **Caregiver** information below:

Caregiver Name: _____ Overlake Medical Record #: _____
Address: _____ Social Security #: _____ - _____ - _____
_____ Date of Birth: _____
Gender: _____ Male _____ Female

Former Name(s) - e.g. maiden name _____

Relationship to patient: _____ Son _____ Daughter _____ Spouse _____ Other

If Other, please specify: _____

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 an Overlake Medical Center and/or Overlake Medical Clinics 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

_____ Date _____ Time _____ OHMC/OMC Staff Signature _____ Print Name
Verifying above information.

Return completed forms to Overlake Medical Center or Overlake Medical Clinic scheduling, registration or clinical staff

OFFICE USE ONLY:

Activ Code Generated Signature: Patient Caregiver Activ Code Sent
Proxy Linking Done Proxy Access Granted Notif
Patient Notif



Authorization Form - Caregiver

A1133 _____ (Rev. 01/2022)



PLACE PATIENT LABEL HERE