

PROXY AUTHORIZATION FORM

Orlando Health MyChart provides 24-hour free online access so you can:	Certain items may be restricted based on level of Access
<ul style="list-style-type: none"> • View Results • Refill Medications • View/Schedule Appointments • Send Secure Messages to Providers • Check-in for Appointments 	<ul style="list-style-type: none"> • Complete Questionnaires • Obtain Estimates • Virtual visits • View Discharge Summaries • View statements and make payments
	<ul style="list-style-type: none"> • Sensitive test results, appointments, documents • Ability to Add, Edit, Delete information

INSTRUCTIONS:

1. **Please read** all instructions and information before completing and signing the form.
2. **Incomplete Forms:** May result in processing delays if required information is not completed on the form.
3. **Required Items:**
 - a. Completed Orlando Health Proxy Authorization Form.
 - b. Copy of Driver’s License or other valid government issued photo ID.
 - c. May require additional documentation such as Power of Attorney, Medical Surrogacy, Adoption paperwork, emancipated minor paperwork, or any other legal documentation authorizing your access to the patient’s protected health information.
4. Please **DO NOT** use Orlando Health MyChart to communicate with your provider for **urgent** or **emergency** medical issues. If you are experiencing an urgent medical need please **contact your provider by phone** or **dial 911**.
5. For an official copy of the patient’s **complete medical record**, which would be more inclusive, contact Medical Records Release of Information at **(321) 841-4449**.

PATIENT INFORMATION:

Name:	Date of Birth:
Address:	Medical Record or Social Security # (last 4 digits):

PERSON TO OBTAIN PROXY ACCESS:

Name <i>(Must match ID)</i> :	Date of Birth:
Relationship to Patient:	Preferred method to receive activation <i>(Required)</i> : Cell: Email:

****If you already have an Orlando Health MyChart account, your Proxy access will be added to your existing portal within 2 business days. If you do not currently have an Orlando Health MyChart account, you will receive an email/text to create one within 2 business days.**

Patient –or– Parent/Legal Guardian Signature | Date | Time

Proxy Signature | Date | Time

If the patient is under age 12, then the parent/legal guardian signature would sign as the Patient.
If the patient is between the ages of 12 and 18 years old, their signature is required as the Patient.
Please note, MyChart proxy access to minor patients will automatically disconnect on their 18th birthday.

I wish to revoke this authorization. Patient Signature: _____ Date: _____

ORLANDO HEALTH MYCHART SUPPORT:

Available: Monday – Friday, 8am – 6:30pm **Phone:** (321) 843-7759 **E-Mail:** MyChartSupport@OrlandoHealth.com
FAQs: www.orlandohealth.com/patient-portal/faq

INTERNAL USE ONLY:

- Relationship Type:
- | | |
|--|---|
| <input type="checkbox"/> Adult View Records & Appointments
<input type="checkbox"/> Adult Send Messages & Schedule Appointments
<input type="checkbox"/> Adult Full Access | <input type="checkbox"/> Parent accessing Child
<input type="checkbox"/> Power of Attorney |
|--|---|

Team Member Signature | ID _____

Date _____