



ADULT PROXY ACCESS TO MYCHART BY ANOTHER ADULT PROXY AUTHORIZATION FORM

Instructions for completing this form: To request proxy access, please complete this form and fax, mail, or email (either as a scanned attachment or a photo of the form) it to the TRMC Medical Records Department. After the form is received and the information has been verified, you will receive a time sensitive e-mail with access information.

TRMC Medical Records Department

2001 North Jefferson

Mount Pleasant, TX. 75455

Email: MyChart.Support@TitusRegional.com **Fax:** 903-577-6392 **Phone:** 903-577-6137

For Patient: I have read and understand the information about proxy for MYCHART and terms and conditions for using MYCHART. I understand that I must have my own MYCHART account. I authorize the below named person to access my MYCHART account as my Adult Proxy. I understand that this authorization also allows my health care providers to communicate via MYCHART with my Adult Proxy about my health care as well as obtain a copy of my complete medical record via MYCHART if he/she requests. I understand that the information disclosed may be subject to re-disclosure by my Proxy, and would then no longer be protected by federal privacy laws. I understand that Titus Regional Medical Center may not condition its providing of health care on whether I sign this authorization.

Patient's Name: _____ Date of Birth: _____
Medical Record Number: _____
Address: _____
Email Address: _____ ☐ None
Patient's Signature: _____ Date: _____ Time: _____

Granting proxy access to:

Proxy Recipient Name: _____ Phone: _____
Address: _____
Date of Birth: _____ Email: _____
Medical Record Number: _____ ☐ No TRMC Medical Record Number
Relationship to patient: ☐ Spouse ☐ Son/Daughter ☐ Other- Please specify: _____
Proxy Recipient Signature: _____ Date: _____ Time: _____

TRMC Use Only

Proxy Identification Validated By ☐ HIM ☐ Clinic Staff ☐ Patient Access

☐ Other: _____

Proxy Access Status: ☐ Approved ☐ Not Approved Comment _____

Team Member Name: _____ Date: _____ Time: _____

TRMC Contact Center Details Activation:

Team Member Name: _____ Date: _____ Time: _____