



PROXY AUTHORIZATION FORM

Broward 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:	
<ol style="list-style-type: none"> Please read all instructions and information before completing and signing the form. Incomplete Forms: May result in processing delays if required information is not completed on the form. Required Items: <ol style="list-style-type: none"> Completed Broward Health Proxy Authorization Form. Copy of Driver’s License or other valid government issued photo ID. 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. Please DO NOT use Broward 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. For an official copy of the patient’s complete medical record, which would be more inclusive, contact the Health Information Management (Medical Records) department where treatment was rendered. 	

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 a Broward Health MyChart account, your Proxy access will be added to your existing portal within 2 business days. If you do not currently have a Broward 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 13, then the parent/legal guardian signature would sign as the Patient.
 If the patient is between the ages of 13 and 17 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: _____

BROWARD HEALTH MYCHART SUPPORT:		
Available: Monday – Friday, 8am – 5:00pm	Phone: 954-888-3742	E-Mail: MyChart@BrowardHealth.org

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 <input type="checkbox"/> Parent Accessing Teen Account <input type="checkbox"/> Legal Guardian/Court Appointed
_____ Team Member Signature ID	_____ Date