

FORM A

CLEVELAND CLINIC

MYCHART CAREGIVER REQUEST FORM

(This form must be completed for MyChart Caregiver Access if the person who will receive MyChart Caregiver Access does not have a current Cleveland Clinic medical record number or Cleveland Clinic patient number)

Health Data Services, Ab-7
9500 Euclid Ave.
Cleveland, OH 44195

Office: (216) 444-4638
Toll-free: (800) 223-2273 ext.44638
Fax: (216) 636-0991

Directions:

Form A: MyChart Caregiver Request Form: This form must be completed by the person who will receive MyChart Caregiver Access when the MyChart Caregiver does not have a current Cleveland Clinic medical record number or Cleveland Clinic patient number. Form A must be accompanied by Form B, Form C, or Form D.

Form B: Parent or Court-Appointed Guardian Request for MyChart Caregiver Access – Minor Patient: This form must be completed by the minor's parent or court-appointed guardian of the person in order to authorize MyChart Caregiver Access for the parent or court-appointed guardian to the minor patient's account.

Form C: Patient Request for MyChart Caregiver Access – Adult Patient: This form must be completed by the adult patient in order to authorize MyChart Caregiver Access for the designated authorized person to the adult patient's account.

Form D: Court-Appointed Guardian Request for MyChart Caregiver Access – Adult Patient: This form must be completed by the court-appointed guardian of the person in order to authorize MyChart Caregiver Access for the court-appointed guardian to the adult patient's account.

Upon receipt of the required completed form(s), approval of the MyChart Caregiver request, and activation of the MyChart Caregiver's account, confirmation of account activation will be sent to the MyChart Caregiver via the U.S. Postal Service or Email.

In order to provide the MyChart Caregiver with access to a patient's information, an account must be created for the MyChart Caregiver. The following information must be provided to generate an activation code for the MyChart Caregiver:

MyChart Caregiver's Name: _____ MyChart Caregiver's SSN: _____

MyChart Caregiver's Telephone #: _____ MyChart Caregiver's Date of Birth: ____ / ____ / ____

MyChart Caregiver's Email: _____ MyChart Caregiver's Current Street Address:

City State Zip Code

Please indicate your sex:

Female: _____

Male: _____

Are you deaf? Yes: _____ No: _____

MyChart Caregiver

Date

Please submit this form through one of the following methods:

- Fax: (216) 636-0991
- Mail: Cleveland Clinic
Attn: MyChart Caregiver Access Request
Health Data Services, Ab-7
9500 Euclid Ave.
Cleveland, OH 44195
- In-person: Cleveland Clinic
Health Data Services, Ab-131 (Basement of the A Building)

FORM C

CLEVELAND CLINIC
PATIENT REQUEST FOR MYCHART CAREGIVER ACCESS
AUTHORIZATION FORM
ADULT PATIENT

Health Data Services, Ab-7
9500 Euclid Ave.
Cleveland, OH 44195

Office: (216) 444-4638
Toll-free: (800) 223-2273 ext.44638
Fax: (216) 636-0991

Patient's Name: _____ Patient's Date of Birth: ____ / ____ / ____
Patient's Cleveland Clinic #: _____ Patient's Current Street Address: _____
Patient's Telephone #: _____ _____

City State Zip Code

PATIENT REQUEST TO DESIGNATE A MYCHART CAREGIVER

For the purposes of this form, "you," "your," "my," and "I" mean the patient listed above whose record is maintained by Cleveland Clinic. I hereby authorize the individual designated below ("MyChart Caregiver") to act on my behalf regarding any and all of my health information contained in Cleveland Clinic MyChart, which shall include, but not be limited to, receiving access to Cleveland Clinic MyChart functions which allow my MyChart Caregiver to view, download, and/or transmit to third parties any and all of my health information, according to the Cleveland Clinic MyChart Caregiver Terms and Conditions. As such, I hereby authorize Cleveland Clinic to release via Cleveland Clinic MyChart Caregiver Access any and all of my health information contained in Cleveland Clinic MyChart to my MyChart Caregiver for any purpose that my MyChart Caregiver deems to be appropriate. I understand and acknowledge that this may include information relating to treatment for physical and mental illness, alcohol/drug abuse, and/or HIV/AIDS test results or diagnoses.

Once your health care information is released, your information may be re-disclosed by the recipient and may no longer be protected by law. Treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether you agree to this authorization. In order for this authorization to be valid, activation of the Cleveland Clinic MyChart Caregiver access feature must occur within one (1) year of the date of this authorization. Upon receipt of this completed form, please allow approximately seven (7) business days for processing your request to designate a MyChart Caregiver.

This authorization for the MyChart Caregiver's access to my Cleveland Clinic MyChart account will automatically expire when Cleveland Clinic receives notice of my death, when I (or my legal representative) deactivate(s) my Cleveland Clinic MyChart account, or when I (or my legal representative) revoke(s) this authorization, whichever occurs first. You may revoke this authorization at any time, except to the extent that action has been taken in reliance upon it, through written notice sent to Cleveland Clinic MyChart, 10900 Carnegie Avenue/DD, Cleveland, Ohio, 44106 or by submitting a revocation request through your Cleveland Clinic MyChart account.

MyChart Caregiver's Name (Print)

MyChart Caregiver's Cleveland Clinic #

MyChart Caregiver's E-mail

MyChart Caregiver's Telephone Number

Signature of Patient

Date