

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 Information Management
Electronic Health Information
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 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 Telephone#: _____ MyChart Caregiver's Date of Birth: ____/____/____

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

City State Zip Code

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 Information Management/ Electronic Health Information,
Ab-7

9500 Euclid Ave.

Cleveland, OH 44195

In-person: Cleveland Clinic

Health Information Management/ Electronic Health Information,
Ab-7

9500 Euclid Ave.

Cleveland, OH 44195

FORM D

CLEVELAND CLINIC COURT-APPOINTED GUARDIAN REQUEST FOR MYCHART CAREGIVER ACCESS AUTHORIZATION FORM ADULT PATIENT

Health Information Management /
Electronic Health Information,
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 Medical Record #: _____

Patient's Current Street Address: _____

Patient's Telephone#: _____

REQUEST FROM COURT-APPOINTED GUARDIAN OF THE PERSON

***This request **MUST** be accompanied by a copy of legal paperwork verifying the requestor's authority as the patient's court-appointed guardian of the person.*

For the purposes of this form, "you"/"your," "my," "me," and "I" mean the court-appointed guardian listed below who is requesting and authorizing MyChart Caregiver Access. As the patient's court-appointed guardian of the person, I hereby authorize Cleveland Clinic to release to me via Cleveland Clinic MyChart Caregiver Access any and all health information contained in the Cleveland Clinic MyChart account of the above-named patient for any purpose that I deem to be appropriate, according to the Cleveland Clinic MyChart Caregiver Terms and Conditions, which will allow me to view, download, and/or transmit to third parties any and all of the patient's health information contained in Cleveland Clinic MyChart. I understand and acknowledge that this may include information relating to the patient's treatment for physical and mental illness, alcohol/drug abuse, and/or HIV/AIDS test results or diagnoses.

Once the patient's health care information is released, the information may be re-disclosed by the recipient and may no longer be protected by law. The patient's 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 Cleveland Clinic MyChart request.

I understand and agree that I must contact the MyChart Health Information, Electronic Health Information by telephone at (216) 444-4638 or through written notice sent to Cleveland Clinic Health Information Management/EHI, Ab-7, Attn: MyChart Caregiver Request 9500 Euclid Avenue, Cleveland, Ohio, 44195, if I am no longer the above-named patient's court-appointed guardian of the person or if there is a court order or restraining order in effect that would limit my access to the patient's medical records and/or information. This authorization for my access to the patient's MyChart account will automatically expire if the MyChart Health Information, Electronic Health Information receives notice and documentation that I am no longer the patient's court-appointed guardian of the person, if the MyChart Help Desk receives notice and documentation that there is a court order or restraining order in effect that would limit my access to the patient's medical records and/or information, when the patient's Cleveland Clinic MyChart account is deactivated, or when I revoke 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 Health Information Management/EHI, Ab-7, Attn: MyChart Caregiver Request 9500 Euclid Avenue, Cleveland, Ohio, 44195.

Court-Appointed Guardian's Name (Print)

Court-Appointed Guardian's
Cleveland Clinic Medical Record #

Court-Appointed Guardian's E-mail

Court-Appointed Guardian's Telephone Number

Signature of Court-Appointed Guardian of the Person

Date

Start Date of Guardianship Appointment: _____

End Date of Guardianship Appointment: _____