

Caregiver Access to the Online Medical Record

Online Submission Requirements and Procedures

Caregivers can access the online medical record of a patient if the patient authorizes. There are three options for viewing the online medical record: MyChart, a website accessible through the Internet, or via mobile app downloadable from iTunes or Google Play, and MyChart Bedside, a tablet mobile app available during some hospital stays. Please complete the form and then click 'Continue' at the bottom of the form. You must then immediately print the form to be signed and mailed or faxed to the address listed. We will process your request within 2-3 business days of receipt. You will be notified via a message when we have processed your request.

Requirements for online access to a patient's record:

- Individual requesting access must have signed consent from the patient
- Caregiver Authorization Form must be completed in all required areas, signed and mailed or faxed to the address on the bottom of the form
- Each caregiver requesting access must have their own account or an account will be established by staff. If using MyChart Bedside, each individual access must set up MyChart Bedside account with staff.

I understand that:

- I must have a MyChart (Powered by Geisinger) account or an account will be established for me
- To use MyChart, I must log in with my own Username & Password
- To use MyChart Bedside, I must log in with my own pin number (set up with hospital staff)
- I agree to abide by the terms and conditions of suite of patient portal products (e.g. MyChart, MyChart Bedside)
- **The suite of patient portal products are not to be used in an emergency**

Caregiver access to a patient's record is revoked when the patient or physician submits a request or revokes access online. Your health care organization reserves the right to revoke online access to medical information at any time.

Communications on behalf of the patient must be sent from the patient's record and responses will be received in the patient's record. Email alerts will be sent to the email address entered in the patient's record.

Each record that you have been granted access to will display on colored tabs on the top of the home screen. When you are signed into another person's online record, the background will change, indicating you are no longer in your own record. Additionally, a banner at the top of the page confirms that you are in Family Access view.

If you already have a patient portal account, you will receive a message when access to the patient's record becomes available, typically 5 to 7 business days after completed authorization form is received.

If you do not have a patient portal account, you will receive an Activation Letter with instructions on how to create one. Please promptly activate your account.

If you are requesting access to view the patient's information in MyChart Bedside, the authorization will be processed in 1-2 business days after the completed authorization form is received.

Patient Information

Patient Name:

Patient Address

Street:

City:

State:

Zip:

Patient Medical Record #:

Patient Date of Birth:

I agree to allow the caregiver, named below, MyEject v* Rqy gt gf 'd{ 'I gkpi gt +and/or MyChart Bedside access to my medical information currently available and that may become available as a result of future medical care. I understand I may revoke this access at any time.

Date/Time

Patient Signature (**Required**)

Caregiver Information

Please indicate your relationship to the patient by selecting one of the following:

Son Daughter Spouse Other

If Other, please specify:

Caregiver Name:

Caregiver Address

Street:

City:

State:

Zip:

Caregiver Medical Record #:

Caregiver Date of Birth:

Email:

All Former Name(s):

Do you (caregiver) have an active MyChart (Powered by Geisinger) account?

Yes No Unsure

Is this request to access the patient's MyChart Bedside information while the patient is admitted to the hospital? Yes No

I have read and understand the requirements and procedures for accessing a patient's medical record information online as provided above.

I certify that I am a caregiver of the above named patient and all information I have provided is correct. I hereby request access to this patient's online medical record.

Date/Time

Caregiver Signature (**Required**)

Mail vj g'li pgf 'c'wj qt k'c'v'qp'ht o 'c'pf 'c'nit gs w'g'w'gf 'l'w' r qt v'pi 'f q'ewo g'p'v'v'qp'v'q'*qt 'h'z'c'v'792/493/9: ; : +
..... F k' s'c'i R'c'v'g'p'v'G'p'i c'i go g'p'v'D'ep'ar't'm'e'n't *30-0; +
*****100 N. Academy Ave.
*****Danville, PA 17822-3009

OFFICE USE ONLY:

Signatures:	Patient	<input type="checkbox"/>	Caregiver	<input type="checkbox"/>	Proxy Linking Done	<input type="checkbox"/>
Proxy Access Granted:	Letter	<input type="checkbox"/>	.temp	<input type="checkbox"/>	Active Code Letter	<input type="checkbox"/>
					Patient Notif Letter	<input type="checkbox"/>