

Power of Attorney 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. In the case of Power of Attorney (POA), the caregiver can gain access by providing appropriate POA documentation. 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, an iPad mobile app available during some hospital stays. Please complete the form, sign, and mail or fax it to the address listed.

Requirements for online access to a patient's record:

- Individual requesting access must have appropriate Power of Attorney documents
- Appropriate Power of Attorney documentation must be provided
- Power of Attorney authorization form must be completed in all required areas and submitted
- Each POA requesting access must have their own patient portal account or an account will be established by staff.
- If using MyChart Bedside, each power of attorney requesting access must set up MyChart Bedside account with staff. Should POA be revoked or limited, you are responsible to report this information immediately to your healthcare organization

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 on the suite of patient portal products (e.g. MyChart, MyChart Bedside)
- Access to the patient's record via suite of patient portal products will be revoked when my POA rights expire
- **MyChart, MyChart Bedside, and MyGeisinger's suite of patient portal products are not to be used in an emergency**

Power of Attorney access to a patient's record is revoked when the patient or physician submits a request or revokes access online. Your healthcare 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. MyGeisinger 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 right-hand side 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 is 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:

Power of Attorney (POA)

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

Son Daughter Spouse Other

If Other, please specify:

POA Name:

POA Address

Street:

City:

State:

Zip:

POA Medical Record #:

POA Date of Birth:

Email:

All Former Name(s):

Do you (POA) have an active MyEj ctv"Rqy gtgf "d{ "I gkupi gt+"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 have Power of Attorney related to medical care and access to medical information for 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

Power of Attorney Signature **(Required)**

Mail the signed authorization form and all requested supporting documentation to (or fax at 570-271-7898):
Digital Patient Engagement Department (30-09)
100 N. Academy Ave.
Danville, PA 17822-3009

OFFICE USE ONLY:			
POA Signature:	<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"/>