

UBCP MyChart Proxy Authorization Form
Authorization for Parent/Legal Guardian to Disclose Health Information &
Grant Proxy Access to Patient's (Age 0 - 11 Yrs Old) UBCP MyChart Account

PATIENT'S NAME:	PATIENT'S DATE OF BIRTH:	
PATIENT'S MEDICAL RECORD #:	Last 4 of Patient Social Security #:	_
Important Reminder: UBCP MyChart displand not display all health information in your n	ys certain health information from medical recornedical records.	ds, but <b>it does</b>
Attorney for Health Care, Advance Health Care	ation form is used for minors under the age of 12, e Directive, or legal papers establishing parental of f this authorization may be requested as well. Exp 12th birthday.	or legal
Proxy/Disclaimer for access to My Family's Reco	Terms and Conditions for UBCP MyChart, and the Urd in the UBCP MyChart section control this agreeme ase refer to these documents when you signup online	nt between the
	s voluntary. You may revoke proxy access at any time ion will take effect within two (2) business days upon s have already relied on it.	
	ION  n, authorization for UBCP MyChart proxy access will  l. In order for revocation to be effective, it must be ex	
Print Name of Parent/Legal Guardian:		<del></del>
If the Parent/Legal Guardian is an UBCP pation	ent:	
MRN:		
If the Parent/Legal Guardian is NOT an UBCP	patient:	
Full Social Security # :		
Sex: Male Female		
Date of Birth://		
Preferred Contact #:	_	
Address:		<del></del>
Preferred Language:	<del></del>	
I attest that the above information is true and	l correct.	
Signature of Patient's Parent/Legal Guardian	: Dat	te://
Practice representative who witnessed this p	proxy:	
	(Print Name)	
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