

PATIENT NAME _____
MEDICAL RECORD # _____
BIRTHDATE _____

University of California, Davis
Health System

REQUEST TO ACCESS MYCHART

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I hereby authorize UC Davis Health System to release all health information available via MyChart, on the above patient, this includes the release of content related to drug and alcohol abuse, mental health, HIV/AIDS test results and genetic testing information as specified in MyChart Terms & Conditions.

Grant MyChart Access To:

NAME _____ DATE OF BIRTH _____
Specify name of person to receive access

ADDRESS _____
Street Address, City, State, Zip Code

EMAIL ADDRESS (required) _____
Patient Representative's Email Address

Patient Representative **is** a UC Davis PATIENT
Patient Representative Medical Record (required) _____

Patient Representative **is not** a UC Davis PATIENT

Relationship to the Patient: (check one)

Parent of Minor Child (age: 0-11) Patient Representative of Adult Patient (age: 18+)

Note: Legal documents may be required, e.g., power of attorney for healthcare, guardianship papers

Due to state and federal law, which protects certain categories of medical information from being released to parents/legal guardians without the consent of the minor patient and their provider, MyChart access is not currently available for patients between the ages of 12 to 17.

The purpose of this request is for: (check one)

New access for my patient representative to access my Records via MyChart
 Request renewal for my patient representative to access my Records via MyChart

PATIENT NAME _____
MEDICAL RECORD # _____
BIRTHDATE _____

NOTICE / Restriction: California law prohibits patient representatives from making further disclosure of the patient’s health information, unless the recipient obtains an additional authorization from the patient or the disclosure is required or permitted by law. The state or federal confidentiality law protections may not extend to recipients outside the State of California, or to someone who is not legally required to keep it confidential.

Information available in MyChart includes current medical information and will update as you continue to receive health care services in the future.

YOUR RIGHTS

As the patient/patient representative, you have the right to request a copy of this authorization. A copy is considered as valid as the original. Refusal to sign this request will not affect the patient’s right to obtain treatment. The patient/patient representative may revoke access at any time via their MyChart account. Revocation may also be submitted to the Health Information Management Department via mail, fax or email. Revocation will take effect immediately upon receipt of your revocation request or based upon request from UC Davis providers.

You may submit the completed Request to Access MyChart forms, along with any required documentation or Request for Revocation, by any of the following methods:

- Fax: (916)734-2126 or (916)734-2669
- Email: mychartactivation@ucdmc.ucdavis.edu
- US mail: UC Davis Health System, Health Information Management,
Medical/Legal Release of Information Unit
2315 Stockton Blvd. MRB-12, Sacramento, CA 95817

EXPIRATION OF AUTHORIZATION

Unless otherwise revoked, this authorization for MyChart access **will expire** on _____ or as restricted by access level / relationship type, agreed upon in the MyChart Terms & Conditions.

By signing below I authorize the MyChart access disclosure and I have read, understand and agree to the MyChart Terms & Conditions. I authorize all lab/test results to be released automatically via MyChart and understand that in some cases, lab/test results will be released without prior provider review or without prior consultation between the patient and the health care provider.	
_____	_____
Print Name of Patient	Signature of Patient
_____	_____
Print Name of Patient Representative	Signature of Patient Representative
_____	_____
Date	Relationship to Patient