



**By signing below, I acknowledge and agree that:**

- I will be using my own MyChart account to access the patient's MyChart account.
- I will comply with the terms and conditions on the MyChart website.
- I have provided the proper documentation authorizing me as a legal representative for this patient, thereby allowing me access to portions of his or her medical record through MyChart.
- When my legal authority to act on behalf of the patient has been inactivated, revoked, terminated or expired, I will immediately notify Lexington Medical Center or the patient's primary physician clinic in writing of the revocation, termination or expiration.
- Even if my legal authority to act on behalf of the patient has not been inactivated, revoked, terminated or expired, my access to the patient's MyChart Account will expire one year from the date the proxy relationship is created in the system. I will then need to complete this form again to obtain access for an additional year.

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PROXY SIGNATURE (REQUIRED)

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DATE & TIME (REQUIRED)

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RELATIONSHIP TO PATIENT (REQUIRED)

**FOR STAFF USE ONLY**

1. I have attached copies of all required legal documents.
2. I have given a photocopy of the signed MyChart Authorization to the patient or the patient's representative.
3. I have viewed the proxy's photo ID.

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NAME OF LEXINGTON MEDICAL CENTER STAFF WHO VALIDATED PROXY ACCESS (PLEASE PRINT)

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DATE VALIDATED