Adult Caretaker & ROI Form

MyChart | Austin Regional Clinic

This MyChart Adult Caretaker & Release of Information (ROI) authorization form will permit Austin Regional Clinic to release your medical information to your designated adult caretaker as designated below. Please read it carefully. This form should be completed by the patient who is authorizing another adult to access his or her medical information in the MyChart record. Completing this form will establish a MyChart account for you and your caretaker (a non-ARC caretaker will only see the caretaker account). Follow the 3 easy steps below:

1. Complete Form

PATIENT'S INFORMATION: ***ALL FIELDS REQUIRED* Please print clearly.**

Last Name of **Patient**: _____ First Name: _____ Middle Initial: ____

ARC Medical Record Number (**acquire at clinic**): _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Best Phone Number: _____

Primary Clinic: _____

CARETAKER INFORMATION: ***ALL FIELDS REQUIRED* Please print clearly.**

Last Name: _____ First Name: _____ Middle Initial: ____

ARC Patient – Medical Record Number (**acquire at clinic**): _____

Non-ARC Patient – Last Four Digits of Your Social Security Number: _____

Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Best Phone Number: _____

Primary Clinic: _____

2. Sign MyChart ROI Terms and Agreement

I am requesting that the caretaker listed above receive access to my health information that is available in my Austin Regional Clinic MyChart Record. This person is my designated MyChart caretaker. I authorize Austin Regional Clinic to release the health information contained in my MyChart record to my MyChart caretaker ***Name: _____***. I understand that the medical information in MyChart is obtained from my electronic medical record and may include information from all facilities listed in Austin Regional Clinic's Notice of Privacy Practices. I understand that the information in my health record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.I authorize release of any information contained in my MyChart medical record held by Austin Regional Clinic to my designated caretaker.

I authorize release of this information only through my MyChart record. This form does not authorize release of my medical record to my designated caretaker by other methods or in other forms.

I understand that once information has been disclosed, it potentially may be re-disclosed by the caretaker and the disclosed information may not be covered by federal privacy protections.

Participation in MyChart and designating a MyChart caretaker is completely voluntary. I understand that I am not required to designate a MyChart caretaker and I am not required to provide this authorization. I also understand that Austin Regional Clinic does not condition any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, Austin Regional Clinic is not permitted to provide access to my MyChart record to my designated caretaker.

*****Flip to complete page 2 of this form*****

Adult Caretaker & ROI Form

MyChart | Austin Regional Clinic

(Terms and Agreement continued)

I may revoke this authorization at any time. I understand that if I revoke this authorization, my designated caretaker's access to my MyChart record will end but that my revocation does not apply to information already accessed in Mychart in reliance on my authorization. Any patient aged 12 and over can revoke caretaker access through their MyChart Account under My Account > My Family's Records. I understand any revocation will not affect any disclosures that were made prior to revoking caretaker access.

I acknowledge that I have read and understand this MyChart Adult Caretaker & ROI authorization form. I hereby affirm I am the patient and caretaker identified above. I agree to its terms and choose to designate the person named above as my MyChart Caretaker, thereby allowing them access to my MyChart medical record. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules.

By signing below, I acknowledge that I have read and understand this MyChart Adult Caretaker & ROI authorization form and I agree to its terms.

Signature of Caretaker	Relationship to Patient	Date *(required)*
Signature of Patient/Authorized Person		Date *(required)*
If person other than the patient signs, indicate authority to sign for patient *(e.g., guardian, power of attorney)* and attach documentation:		

NOTE: Authorization is indefinite and will remain active until such a time as you deem necessary to deactivate the access of the caretaker specified above by providing a written request to your primary clinic.

3. Submit Completed Form

Return the completed form to the front desk at your ARC clinic.

FOR CLINIC USE ONLY: **Please send all forms to – MyChart Support I-35 Suite 100**

Approved by:_____ Clinic Location:_____ Date:_____

Caretaker Access granted by:_____ Department Name: _____Date:_____