Nebraska Medicine

CONSNT

PT NAME

MR #

This form is used to: Provide another Adult with Access to your One Chart | PATIENT account online

To provide acess to your One Chart | PATIENT account online to another adult, please complete this Adult Proxy Form and return it to the address at the bottom of this form. Please allow 14 business days for processing after receipt of your complete application.

PATIENT

Your Information: (All sections required – please print clearly.)

Patient *(last, first, middle initial)*_____

Date of Birth:_____

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

Email Address:_____ Phone Number:_____

PROXY

Adult receiving Access: (All sections required – please print clearly.)

Name *(last, first, middle initial)* _____

Date of Birth:_____ Last 4 of SSN: _____

Street Address: _____ City:_____ State:_____

Zip:_____ Email Address:_____ Phone Number:_____

ONE CHART Attestation

- I acknowledge that it is my responsibility to keep my One Chart | PATIENT log-in information confidential or risk others having access to the confidential information contained therein.
- I understand that One Chart | PATIENT contains selected, limited medical information from a patient's medical record and that One Chart | PATIENT does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from my provider.
- I understand that my activities within One Chart | PATIENT may be tracked and that entries I make may become part of the medical record.
- I further agree to abide by the Terms and Conditions of use of One Chart | PATIENT which I have the responsibility to review.
- I acknowledge that I have the capacity to grant access to my medical record and consent to the above-named individual having access to my health information through One Chart | PATIENT. I may revoke this authorization at any time by notifying my provider.

➧ _____

Signature of Patient/Authorized Person (Required) **Date**

Return Form to: **10304 Crown Point Avenue**
Omaha, NE 68134-9100