



PT NAME

MR #

This form is used to: Grant a Health Care Agent or Guardian access to the One Chart | PATIENT account of a minor or incapacitated adult

This form may be used by:

- (1) *The legal guardian of a minor patient; and/or*
- (2) *the personal representative of an incapacitated adult with legal authority to make health care decisions on behalf of the incapacitated adult patient*

To request access to One Chart | PATIENT as a personal representative of a patient, as described above, please complete this form. **Please attach legal documents proving guardianship or other legal authority such as Durable Power of Attorney for Health Care.** Your request will not be processed without the legal documents. Please allow 14 business days upon receipt of a complete application for processing.

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

Complete this section with information about the patient whose ONE CHART record you are requesting to access.

Name (last, first, middle initial) _____

Date of Birth: _____ Last 4 digits of SSN: _____

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

Email Address: _____ Phone Number: _____

Primary Clinic: _____



* CONSENT *

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

This section should be completed by the individual requesting access on behalf of another individual.

Name (last, first, middle initial) _____

Date of Birth: _____ Last 4 digits of Social Security #: _____

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

Email Address: _____ Phone Number: _____

Please indicate basis of legal authority to act on behalf of patient for health care (copy of legal documentation must be supplied): Health Care Agent (attach Durable Power of Attorney for Health Care) Legal Guardian (attach Guardianship order)**One Chart | PATIENT Attestation**

- I certify that I am the legally authorized representative of the above-named patient, with legal authority to make health care decisions on behalf of the above-named patient, and all information I have provided is correct.
- 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 which I have the responsibility to review.

➤ _____
Signature of Legal Representative (Required) **Date**

Return this Form and legal documentation to: **10304 Crown Point Avenue
Omaha, NE 68134-9100**