

Authorization to Create a MyChart™ Account on behalf of

Patient Section 1: Patient Information

Patient Last Name	
Patient First Name	
MRN	
Date of Birth (YYYY/MM/DD)	
Patient Address	
Patient Phone Number	
Patient email	

Section 2: Delegate Information

A delegate is a person that has been granted permission by the patient to create a MyChart™ account on their behalf. By signing off on this agreement and providing the delegate information below, the delegate will have access to the patients' health information that is available on MyChart™.

Delegate Last Name	
Delegate First Name	
Date of Birth (YYYY/MM/DD)	
Delegate Address	
Delegate Phone Number	
Delegate Email	
Relationship to Patient	

SIGNATURES (required for all requests – please use ink)

I give permission to Sunnybrook Health Sciences Centre to release my personal health information as indicated in this form. This form will authorize the release of my personal health information gathered prior to the date of signature. I may withdraw my permission at any time, in writing, as long as the information has not already been released. Delegate MyChart™ accounts will only be closed upon the request of the patient directly to MyChart™ administration.

Only parents who are requesting access to a MyChart™ account on behalf of their child (less than 14 years old) are exempted from a patient signature.

Please note that **photo identification for both the patient and the delegate is required upon submission for those applications not completed/submitted in-person.**

Patient Signature: _____ Date: _____

AND

Delegate Signature: _____ Date: _____