

I hereby appoint the following individual as my personal representative (“my representative”) as it relates to my medical information. By providing Mary Washington Healthcare (“MWHC”) with the email address for my representative, I consent to MWHC sending my representative an email inviting them to access my patient portal through MWHC MyChart. I understand and acknowledge that, through my MWHC MyChart patient portal, my representative will have access to all of the medical information included in my health record maintained by MWHC.

Representative Information

First Name _____ Last Name _____

Address _____

City _____ ST _____ Zip _____

Date of Birth (mm/dd/yyyy) _____

Contact phone number for my representative _____

Email address of my representative _____

Relationship to Patient _____

Patient Information

Patient’s First Name _____ Patient’s Last _____

Patient’s Date of Birth (mm/dd/yyyy) _____

Patient’s Signature

Date/Time

