

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**

