

# VCU Health System MyChart Patient Portal

## Information for Patients, Parents and Proxies

Disclosure: VCU Health System offers access to the VCU Health MyChart Patient Portal as a courtesy to our patients. MyChart is a secure web-based tool that gives patients access to their health information and allows them to communicate with their VCU Health care team. This information shares the facts and risks of using a web portal.

### VCU Health Health Information Management (HIM) Policy and Procedures regarding MyChart

1. The portal allows you to access some of the patient's health information, such as medical history, medications, test results, and some notes. The medical record information will be in English.
2. The portal allows secure non-urgent messages to be sent between the patient and physicians/other clinicians.
3. The portal does not replace in-person health care and is not appropriate for emergency diagnosis and treatment.
4. For Patient and/or Proxy access (an adult who is not the patient allowed to access the record):
  - a. Patients age 0 to 12: No access for the child. The parent/legal guardian is allowed Full Proxy access. When the patient turns 13, the parent/legal guardian access to the portal is removed due to Virginia law related to privacy restrictions allowed for adolescents.
  - b. Patients age 13 to 17: Allowed their own Full access to the portal. The parent/legal guardian is allowed Limited Proxy access due to Virginia law related to privacy restrictions allowed for adolescents. Limited Proxy access includes messaging, viewing some limited test results.
  - c. Patients age 18 or older: May have own access and/or may grant proxy access to any other adult(s).
  - d. To access the portal:
    - i. Self-Enroll - Patients age 18 or older can use the Sign Up button at [www.vcuhealth.org/mychart](http://www.vcuhealth.org/mychart) if their SSN # is on file in the medical record to get access to their own record
    - ii. Get an Invitation – All other patients' age 0-18, and/or their parents/proxy person, must be sent an invitation.
2. If you receive an invitation by email, follow the instructions to create your username and password within 90 days. The answer to the security question is the last four digits of the patient's SSN# (for minors without a SSN, use the SSN of a parent), or any other four digit # you chose when requesting access.
3. Use of shared email accounts (i.e. thejones@gmail.com) for portal access is allowed but not recommended. All persons sharing the email account and password will have access to the patient's health information via the portal.
4. To authorize proxy access, the patient or legally authorized representative must complete the MyChart Permission form available from the VCU Health MyChart webpage at [www.vcuhealth.org/mychart](http://www.vcuhealth.org/mychart). Return the completed form to any team member you encounter during your care OR follow instructions on the form.
5. To remove proxy access, the patient or legally authorized representative must complete the MyChart Permission Form, available from the VCU Health MyChart webpage at [www.vcuhealth.org/mychart](http://www.vcuhealth.org/mychart), and return it to VCU Health Department of Health Information Management (HIM). It may take up to 3 days for access to be removed.

### Responsibilities of MyChart Users

Every user is responsible for protecting the confidentiality of health records and must keep their password safe to prevent unauthorized access to patient information. VCU Health System is not liable for breaches of confidentiality that occur from unauthorized use of such information.

- If you suspect that someone has learned your password, you should access MyChart immediately and change it.
- If you become aware of a breach of this confidentiality, you should report it promptly to the VCU Health System Health Information Management Department at (804) 828-5501.
- If you gain access to another person's health records for which you do not have authorized proxy access, you should not read the information and report the problem immediately to the VCUHS HIM Department at (804) 828-5501.

### **Permission form can be mailed/emailed/faxed/or delivered in person to:**

VCU Health's Department of Health Information Management (HIM)  
Release of Information window located on Main Hospital 1<sup>st</sup> Floor Lobby, Room 403A  
P.O. BOX 980679  
Richmond, VA 23298-0679  
Email: HIM@MCVH-VCU.EDU  
Fax: (804) 828-3623 Phone: (804) 828-5501

<b>Name</b>  <b>MRN</b>  <b>DOB</b>  Patient Identification/Label	 <b>VCUHealth</b> <sup>TM</sup> VCU Medical Center Richmond, Virginia  <b>MyChart Patient Portal Permission</b> <b>Adult Patient or Child Age 0 to 17</b>
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<input type="radio"/> <b>Adult Patient or Child Age 0-17</b> (print legibly)		
<b>Patient Name</b>	<b>Birthdate</b>	<b>Last 4 digits #s of SSN</b> (for child with no SSN use parent's SSN)  or Other 4 digit #
<b>Full Mailing Address</b>		
<b>Email Address of Patient</b>		
NOTE: If this is a shared email address, then all persons sharing it will have access to this patient's health information		

<input type="radio"/> <b>Give Proxy Access</b> (required for Child Age 0-12, optional for Adult Patients and Children age 13-17) (print legibly)		
<b>Name of Proxy:</b> (For child Age 0-17, must be Parent or Legal Guardian)	<b>Birthdate</b>	<b>Relationship to Patient</b> ___Parent___ Legal Guardian** ___Other (specify)___ _____ ** This request must be accompanied by a copy of legal paperwork verifying the individual's status as Legal Guardian.
<b>Email Address of Proxy</b>		
NOTE: If this is a shared email address, then all persons sharing it will have access to this patient's health information		

<input type="radio"/> <b>Remove Proxy Access</b> (print legibly)	
<b>Name of Proxy to be removed</b>	<b>Relationship to Patient</b> ___Parent___ ___Legal Guardian**___ ___Other (specify)___ _____ ** This request must be accompanied by a copy of legal paperwork verifying the individual's status as Legal Guardian.
<b>Email Address of Proxy to be removed</b>	

By signing below, I confirm that I have read, understand, and agree to comply with the procedures and guidelines for using the Patient Portal.	
<b>Signature of Adult Patient or Parent/Legal Guardian of Child 0 to 17</b> (required)	<b>Date Signed</b>

