Buffalo Medical Group

Treating people well.

MYBMGCHART
PROXY ACCESS REQUEST - (MINOR/INCOMPETENT PATIENT)

To request access to the record of a minor or incompetent adult patient through MyBMGChart, please complete this form. Please note that the patient's chart will be accessed through your MyBMGChart account.

Return completed forms to the health care provider from whom this form was obtained.

IS THE PROXY A CURRENT PATIENT OF BUFFALO MEDICAL GROUP? Yes or No (circle one)

Your (Proxy) Information (All sections required – Please print clearly.)

This section should be completed by the individual requesting access to another's MyBMGChart record.

Name (*last, first, middle initial*) _____Date of Birth _____
Street Address: _____City:_____ State: _____ Zip:_____
Phone Number: _____ Email: _____
Social Security Number_____

Patient's Information (All sections required – Please print clearly.)

Complete this section with information about the patient whose MyBMGChart record you're requesting to access.

Name (*last, first, middle initial*) _____Date of Birth _____
Street Address: _____ City:_____ State: _____ Zip:_____
Phone Number: _____ MRN _____

Relationship to Patient (Check one)**:** ☐ Parent ☐ Guardian ☐ Health Care Proxy

MyBMGChart Terms and Conditions: I certify that I am the birth/adoptive parent or legal guardian of the individual listed above and that all information I have provided is correct.

The use of MyBMGChart is governed by the MyBMGChart Proxy Terms and Conditions of Use, a copy of which may be accessed when you sign in to your MyBMGChart account and whose terms are incorporated herein. By signing below, you agree to be bound by the MyBMGChart Proxy Terms and Conditions of Use. If, for any reason, you do not agree to be bound by the MyBMGChart Proxy Terms and Conditions of Use, MyBMGChart proxy access will immediately be terminated. If you are requesting access to the record of a minor patient and that access is granted, your access will be terminated automatically on the patient's twelfth (12^{th}) birthday. Following termination, you have the right to request in writing health information which you are legally entitled to access in accordance with New York Law. If, at any time after proxy access is granted, your relationship to the patient changes such that you no longer have the legal right to access his or her health information, you will immediately cease accessing any information regarding the patient in MyBMGChart and notify _____ at (716) 630-____ of the change of circumstance.

_____/_____/_____
Your (Proxy) Signature – (Required) Relationship to Patient Date

I hereby approve this proxy access:

_________________________________/ ____________________
Physician Signature Date