# Caregiver Access to the Online Medical Record of a Geisinger Patient

## Requirements and Procedures

Caregivers can access the online medical record of a Geisinger patient if the patient authorizes.

Requirements for online access to a patient's record:

- Individual requesting access must have signed consent from the patient
- Caregiver Authorization Form must be completed and signed
- Each caregiver requesting access must have their own MyGeisinger account or a MyGeisinger account will be established by Geisinger staff

I understand that:

- I must have a MyGeisinger account or an account will be established for me
- I must log in to MyGeisinger with my own User ID & Password
- I must click on 'View Other Records' to access a patient's online record
- I agree to abide by the terms and conditions on the MyGeisinger site
- **MyGeisinger is not to be used in an emergency**

Caregiver access to a patient's record is revoked when the patient or physician submits a request or revokes access online. Geisinger reserves the right to revoke online access to medical information at any time.

Communications on behalf of the patient must be sent from the patient's record and responses will be received in the patient's record. MyGeisinger email alerts will be sent to the email address entered in the patient's record.

When signed into another person's online medical record, the MyGeisinger screen will have a red color scheme. This will serve as a visual indication that you are in the proper record. The person's name will also be displayed within the banner.

If you have a MyGeisinger account, you will receive a MyGeisinger message when access to the patient's record is available, typically 5 to 7 business days after completed authorization form is received.

If you do not have a MyGeisinger account, you will receive a MyGeisinger Activation Letter with instructions on how to create one. Please promptly activate your account.

# Caregiver Authorization Form

Please enter **Patient's** information below:

Patient's Name: _____ Geisinger Medical Record #: _____

Address: _____ Social Security #: _____-_____-_____

_____ Date of Birth: _____

Gender: ____ Male ____ Female

**To be notified when new messages about the patient's care are sent to MyGeisinger, please list an email address:**

_____

**I agree to allow the caregiver, named below, MyGeisinger access to my medical information currently available and that may become available as a result of future medical care. I understand I may revoke this access at any time.**

_____ _____

Date Patient Signature

_____ _____

Date Witness Signature

Please enter **Caregiver** information below:

Caregiver Name: _____ Geisinger Medical Record #: _____

Address: _____ Social Security #: _____-_____-_____

_____ Date of Birth: _____

Gender: ____ Male ____ Female

Former Name(s) - e.g. maiden name _____

Relationship to patient: _____Son _____ Daughter _____Spouse _____Other

If Other, please specify: _____

Do you (caregiver) have an active MyGeisinger account? _____Yes _____ No _____ don't know

**I have read and understand the requirements and procedures regarding accessing a patient's medical record information online as provided on the document titled Caregiver Access to the Online Medical Record of a Geisinger Patient.**

**I certify that I am a caregiver of the above named patient and all information I have provided is correct. I hereby request access to this patient's online medical record.**

_____ _____

Date Caregiver Signature

_____ _____

Date Witness Signature

**Mail completed Caregiver Authorization form to: Geisinger Health System, eHealth Department 30-09, 100 N. Academy Ave. Danville, PA 17822-3009**

**OFFICE USE ONLY:**

Activ Code Generated ☐ Signature: Patient ☐ Caregiver ☐ Activ Code Letter ☐

Proxy Linking Done ☐ Proxy Access Granted Letter ☐

Patient Notif Letter ☐

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