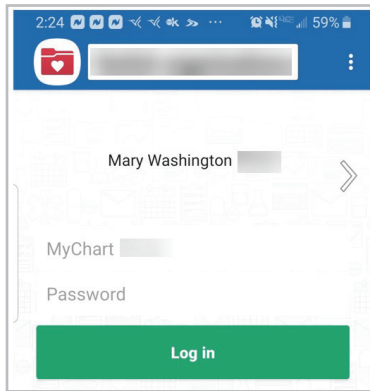


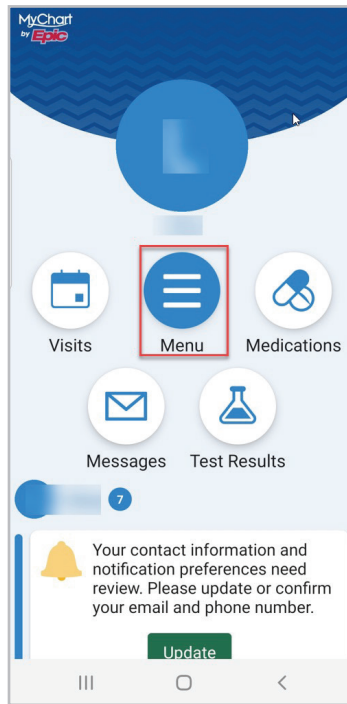
# Share access to your MyChart record with family and/or friends

If you have an existing MyChart account with Mary Washington Healthcare, you can choose to share your account with a family member or friend so that they may follow your care. This will enable him/her to see your entire patient chart. Follow the directions below to invite someone to access your account.

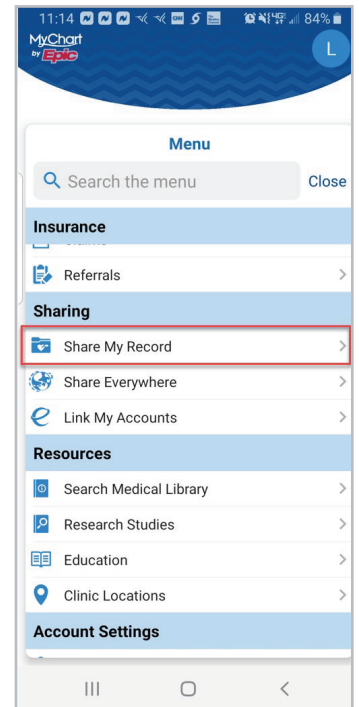
1. Log into your MyChart account from your computer, tablet or smartphone.



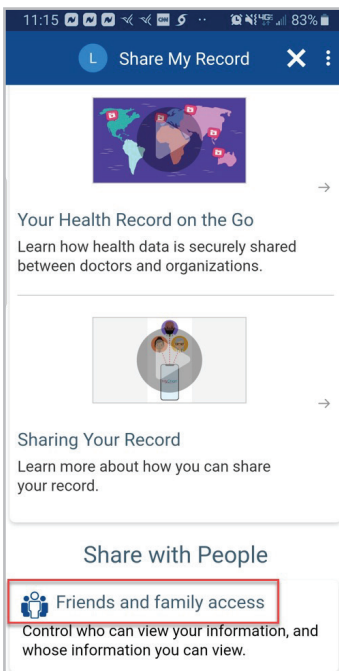
2. Navigate to the menu.



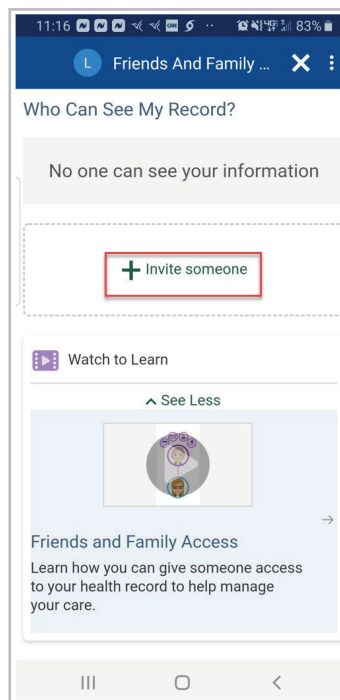
3. Scroll down the menu and select Share My Record.



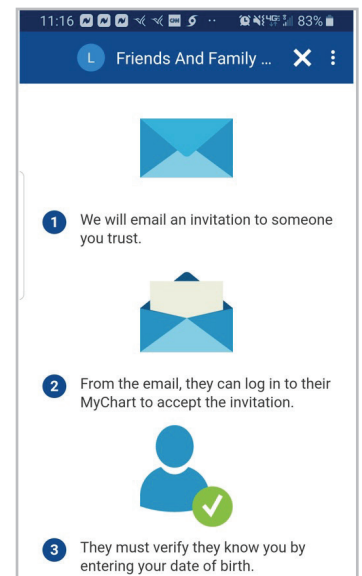
4. Click on Friends and family access.



5. Click Invite Someone.



6. Complete the required information below, accept terms and agreement, then submit.



Who are you inviting?

Name \*

Where should we send this invitation?

Email \*

Confirm email \*

\*What kind of access would you like this person to have to your chart?

Proxy Access Adult

Proxy access to view record, send messages and schedule appointments.

11:27 Friends And Family ... X

Proxy Access Adult

Proxy access to view record, send messages and schedule appointments.

TERMS AND CONDITIONS OF USE

Insert your organization's terms and conditions for proxy invite access here.

We recommend that you include the section below regarding the use of third-party services - replace [ORGANIZATION] with your organization's name.

USE OF THIRD-PARTY SERVICES

You may choose to use other services provided by third parties in conjunction with your use of MyChart. Such services may include, but are not limited to, translation services, location services, and other third-party offerings. Any links to such services are provided for your convenience only. Neither Epic nor [ORGANIZATION] have control over the contents of these services, and neither Epic nor [ORGANIZATION] accept any responsibility for them or for any loss or damage that may arise from your use of

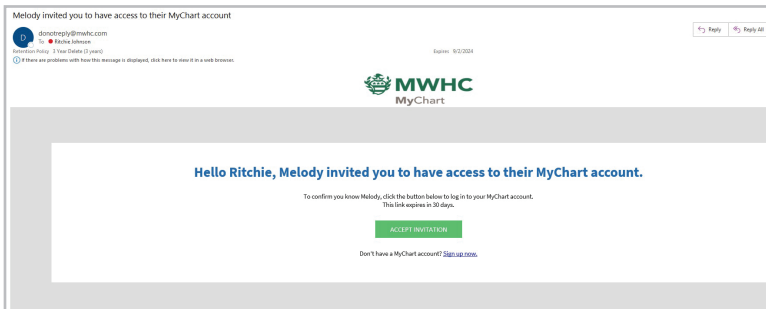
11:28 Friends And Family ... X

You may choose to use other services provided by third parties in conjunction with your use of MyChart. Such services may include, but are not limited to, translation services, location services, and other third-party offerings. Any links to such services are provided for your convenience only. Neither Epic nor [ORGANIZATION] have control over the contents of these services, and neither Epic nor [ORGANIZATION] accept any responsibility for them or for any loss or damage that may arise from your use of them. Such services may require you to submit your information to a third party, which may result in a copy of your information being used and/or stored by a third party. If you decide to access any such services in conjunction with your use of MyChart, you do so entirely at your own risk and subject to the terms and conditions of use for such services.

I agree to the terms and conditions \*

Send invite

7. The invite recipient would receive an email like this.



8. If the recipient has a MyChart account, he/she would click on Accept Invitation in the email and be taken to his/her MyChart account.

9. If the recipient does not have a MyChart account, he/she will click Sign up now and be taken to the following screen to create an account.

MWHC MyChart

Sign Up Online

We need some information from you in order to create your MyChart account. In most cases, your account will be activated within minutes. However, in some cases, it could take up to a week for processing and verification. In those situations, you will receive an email or a letter with your activation code and instructions on how to activate your MyChart account. If you have any questions, please contact our MyChart Patient Support Line at 540.741.1404.

Name

\* First name Middle name \* Last name

Address

\* Address information is required.

\* Country United States of America

\* Street Address

\* City \* State \* ZIP

County

Other Information

\* Date of birth

\* Legal Sex Female Male Unknown

\* Last four digits of SSN

\* Email address \* Verify email address

As a spam prevention measure, complete the CAPTCHA below.

I'm not a robot

reCAPTCHA Privacy - Terms