



Proxy Authorization for Patient Family Member & University Employees

Date:

To Whom It May Concern:

Patient Name _____
was admitted to Columbia University Medical Center / New York
Presbyterian Hospital on month _____ day
_____ Year _____.

Please allow below stated family member and/or University Employee
access to patient's medical chart to serve as a source of
interpretation for medical information.

Name:

Name of Treating Physician (please print)

Department of Treating Physician (please print)

Signature of legal representative of patient or patient

X _____ Print Name: _____