



## Child Proxy Form Access to Minor's myChart Record

To sign up for access to your child's myChart record, please complete both pages of this Child Proxy Form. Completing this form will establish a myChart record for you and for your child(ren). Please note that your child(ren)'s chart will be accessed through your myChart record.

### Parent/Guardian Information \*: (All sections required - please print clearly)

Name (last, first, middle initial): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Do you (parent/legal guardian) have an active MyChart account with MemorialCare ?  Yes  No  Don't Know

**\* Legal Guardian of Minor must attach a copy of the Court Order Appointing Letters of Guardianship verifying the Proxy's status as permanent legal guardian of the patient.**

Please note the following age range limitations for myChart. These age range limitations do not affect any legal right you have to access your child(ren)'s record by other means. To request a paper copy of your child(ren)'s record, contact your child(ren)'s health care provider.

- If a child is **age 0-11**: You will be granted full access to the child's myChart record.
- If a child is **age 12-17**: You will be granted partial access to the child's myChart record. (e.g., appointment scheduling, allergies, immunizations)
- Once a child reaches **age 18**, you will no longer have access to the child's myChart record.

**Please provide the following information for each child:** (All fields are required).

- A. Name (*last, first, middle initial*): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- B. Name (*last, first, middle initial*): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- C. Name (*last, first, middle initial*): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- D. Name (*last, first, middle initial*): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

▶ **Please remember to complete page 2 of this form.**

## myChart Terms and Agreement

By signing below, I understand and agree that:

- myChart is intended as a secure online source of confidential medical information. If I share my myChart ID and password with another person, that person may be able to view my or my child(ren)'s health information, and health information about someone who has authorized me as a myChart proxy;
- It is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way;
- myChart contains selected, limited medical information from a patient's medical record and that myChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from the patient's health care provider;
- My activities within myChart may be tracked by computer audit and that entries I make may become part of the medical record;
- Access to myChart is provided by MemorialCare as a convenience to its patients and that MemorialCare has the right to deactivate access to myChart at any time for any reason;
- Use of myChart is voluntary and I am not required to use myChart or to authorize a myChart proxy;
- If my legal relationship with one of the children listed changes, I must inform the health care team immediately by phone or by written communication;
- MemorialCare and/or its subsidiaries and affiliated providers reserve the right to revoke proxy access at any time, for any reason;
- I will (a) send communications on behalf of my child(ren) from that child's record, (b) receive responses in that child's record, and (c) receive email alerts to the email address entered in the email field when creating my MyChart login;
- **myChart should never be used for urgent matters.** The anticipated turnaround time for response to electronic messages is 2 business days. Therefore, for all urgent medical matters, I will contact the physician's office by phone, go to an emergency room, or dial 911.

|                                                              |                                |                        |
|--------------------------------------------------------------|--------------------------------|------------------------|
| ▶ _____ / _____ / _____                                      |                                |                        |
| <b>Signature of Parent/Guardian</b>                          | <b>Relationship to Patient</b> | <b>Date (Required)</b> |
| ▶ _____ / _____ / _____                                      |                                |                        |
| <b>Name &amp; Signature of Witness<br/>(office use only)</b> | <b>Practice</b>                | <b>Date (Required)</b> |