

MyChart Child Proxy Application (Ages 0-12 Years)

PARENT/GUARDIAN: You must complete this form to request access to your child's Phelps Health *MyChart* account.

Please note that you will access your child's information through your own *MyChart* account. If you do not have a *MyChart* account, upon approval of this request, you will receive a *MyChart* activation code along with instructions on how to sign up for *MyChart* and create your own *MyChart* account.

PATIENT INFORMATION (ALL SECTIONS REQUIRED – PLEASE PRINT CLEARLY):

Name: _____
Date of Birth: _____ SSN: _____

PARENT/ GUARDIAN INFORMATION (ALL SECTIONS REQUIRED - PLEASE PRINT CLEARLY):

Name: _____
Date of Birth: _____ SSN: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Number: _____
Relationship to Patient: Parent Guardian Other _____

If you checked a box other than "parent" and explanation of the relationship and any documentation supporting your request must be attached before the application will be processed. We may contact you if additional information is needed.

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's record by other means.

- If your child is age 0-12, you will be granted full access to your child's *MyChart* account, subject to terms and conditions.
- Once your child reaches age 13, your access to your child's *MyChart* account automatically expires, and he/she must give consent to grant you access to his/her *MyChart* account.

I understand that:

- Use of *MyChart* is voluntary and I am not required to use *MyChart*.
- *MyChart* is intended as a secure online portal for viewing confidential medical information. It is my responsibility to select a confidential password, to maintain my password in a secure manner (*i.e.*, not share it with anyone), and to immediately change my password if I believe it may have been compromised. I also understand that if I share my username and password with another person, that person may be able to view my child's medical information.
- *MyChart* contains selected, limited medical information from my child's medical record and does not reflect the complete contents of his/her medical record. I also understand that this form addresses access only through *MyChart* and does not address access to medical records by other methods or in other formats.
- *MyChart* is provided by Phelps Health as a convenience and Phelps Health has the right to deactivate access to *MyChart* at any time for any reason.
- "Phelps Health" refers to Phelps Health and its affiliates Phelps Health Medical Group and Phelps Health Homecare.
- This request will expire in one year if my *Proxy* does not activate a *MyChart* account in that time.
- If I am no longer a parent or guardian with legal authority to access my child's medical information, I must immediately stop using my proxy access through *MyChart*, and I will alert Phelps Health to discontinue my access.

By signing below, I attest that I am a parent or guardian with the right to access my child's medical information, and I acknowledge that I have read and understand this *MyChart* Child Proxy Form and I agree to its terms.

Signature of Parent/Guardian: _____ Date: _____



Release of Information: MyChart

