

Teen Full Access Proxy Form

Full Access to Teen's MyChart Record

Under Kentucky law, a minor may seek treatment for certain conditions without notification of or consent by the parent or guardian. However, the treating physician, in the exercise of professional judgment, may inform the parent or guardian of such treatment if the physician believes the knowledge would benefit the health of the minor, and may give the parent or guardian access to such treatment records after exercising professional judgment in the matter. These conditions include: outpatient mental health counseling for teens ages 16-18, venereal disease, pregnancy, alcohol or other drug abuse or addiction, contraception, and childbirth. Because of this law, health care providers are hesitant to allow parents and guardians to have full access to their teen's MyChart record without the teen's consent.

To request full access to the MyChart record of your teen, please complete this form. Your teen must sign this form and provide authorization for release of medical information in MyChart on the "Teen Full Access Proxy Authorization for Release of Medical Information" form. Please note your teen's chart will be accessed through your (the proxy's) MyChart record. Completing this form will establish a MyChart record for you and for your teen (if not already established).

Return forms to the provider who gave them to you.

Your Information (All sections required – please print clearly.)

This section should be completed by the individual requesting access to their teen's MyChart record.

Name (last, first, middle initial) _____ Date of Birth _____

Social Security Number: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Primary Clinic: _____

Teen's Information (All sections required – please print clearly.)

Complete this section with information about the patient whose MyChart record you're requesting to access.

Name (last, first, middle initial) _____ Date of Birth _____

Social Security Number: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Primary Clinic: _____

MyChart Terms and Agreement

- I HAVE READ AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF USE PROVIDED TO ME ONLINE. The points below are intended to supplement and to reinforce the Terms and Conditions of Use; if there is any conflict between the points below and the Terms and Conditions of Use, the Terms and Conditions of Use control.
- I understand 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's health information, and health information about someone who has authorized me as a MyChart proxy.
- I agree that 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.
- **I understand that 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 a patient's health care provider(s).**
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by OneChart Providers (as defined in the Terms and Conditions of Use) as a convenience to their patients and that OneChart Providers have the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- By signing below, I acknowledge that I have read and understand this MyChart Teen Full Access Proxy Form and the Terms and Conditions of Use and I agree to their terms.



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Your (Proxy) Signature (Required)

Relationship to Patient

Date

I acknowledge that I have read and understand this MyChart Teen Full Access Proxy Form. I agree to its terms and choose to designate the person named above as my MyChart Proxy, thereby allowing them access to my MyChart medical record.



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Signature of Patient (or authorized person) *(Required)*

Relationship to Patient

Date

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Teen Full Access Proxy Authorization for Release of Medical Information

This form is an authorization that will permit Owensboro Medical Health System (“OMHS”), Cooperative Health Services (“CHS”), OMHS Cardiovascular, clinics affiliated/owned by OMHS and CHS, and private practices listed on the Epic Provider Directory (available at <http://www1.omhs.org/epic/physicians/provider-list/#Private-Practices>) (each a “One Chart Provider” and collectively, the “OneChart Providers”) to release your medical information to your parent or guardian. Please read it carefully.

Under Kentucky law, a teenager may seek treatment for certain conditions without notification of or consent by his or her parent or guardian. However, the treating doctor, in the exercise of professional judgment, may inform the parent or guardian of such treatment if the doctor believes the knowledge would benefit the health of the minor, and may give the parent or guardian access to such treatment records after exercising professional judgment in the matter. These conditions include: outpatient mental health counseling for teens ages 16-18, venereal disease, pregnancy, alcohol or other drug abuse or addiction, contraception, and childbirth.

BY SIGNING THIS FORM, I GIVE CONSENT FOR MY PARENTS OR GUARDIAN TO VIEW MY MYCHART RECORD, WHICH MAY CONTAIN INFORMATION ABOUT TREATMENT FOR THE ABOVE-LISTED CONDITIONS, OR MAY CONTAIN INFORMATION ABOUT TREATING PHYSICIANS THAT WOULD LEAD MY PARENT(S)/GUARDIAN(S) TO ASK ME ABOUT MY HEALTH (SUCH AS AN APPOINTMENT I HAVE MADE WITH A DOCTOR WHO DELIVERS BABIES OR WHO TREATS DRUG ABUSE).

This form should be completed by the teen who is authorizing his/her parent/guardian to access medical information in his/her MyChart record. It must accompany the Teen Full Access Proxy Form, which provides the name and information of the individual whom the teen is authorizing to access his or her MyChart record as a proxy. If you do not have a Teen Full Access Proxy Form, please contact your OneChart Provider.

Teen’s Name (*last, first, middle initial*) _____

Social Security Number: _____ Date of Birth: _____

I am requesting that _____ (*insert name of proxy*) receive access to my health information that is available in my MyChart Record, which might include sensitive personal information, including without limitation information about my mental health, drug and alcohol abuses or addictions, sexually transmitted diseases, and information concerning pregnancies, contraception and childbirth. The person whose name appears above in this paragraph is my designated MyChart proxy. I authorize any OneChart Provider to release the health information contained in my MyChart record to my MyChart proxy. I understand that the medical information in MyChart is obtained from my electronic medical record and may include information from all OneChart Providers. I authorize release of any information contained in my MyChart medical record to my designated proxy.

I authorize release of this information only through my MyChart record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.

I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by federal privacy protections.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that no OneChart Provider is conditioning any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, no OneChart Provider may provide access to my MyChart record to my designated proxy.

This authorization will automatically expire on my eighteenth birthday. This authorization will also automatically expire if I or my parent/guardian informs a OneChart Provider that I have: (a) been emancipated from the care of my parent(s)/guardian(s) by a court, (b) entered into a lawful marriage before the age of 18; (c) borne a child before age 18.

I may revoke this authorization at any time by providing a written request for revocation to a OneChart Provider. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

Date: _____ Provider receiving this form: _____

Signature of Teen (or authorized person): _____

Printed Name: _____

If person other than the teen signs, indicate authority to sign for patient and attach documentation:

NOTE: This authorization expires on the teen's eighteenth birthday or when the teen becomes emancipated under Kentucky law, whichever occurs sooner. A new Adult Full Access Proxy Authorization for Release of Medical Information form must be submitted at expiration to renew proxy access. The teen or the parent/guardian also may deactivate the access of the adult proxy specified above at any time by providing a written request to a OneChart Provider.

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