

Child Proxy Form (Ages 0-12)

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete both pages of this Child Proxy Form and return it to the provider who gave it to you. Please note that your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child.

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: _____

Primary Clinic: _____

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. To request a paper copy of your child's record, contact your child's health care provider(s).

- If your child is **age 0-12**: You will be granted full access to your child's MyChart record.
- If your child is **age 13-17**: Due to state privacy laws, you will be granted only partial access to your child's MyChart record (e.g., allergy list, immunizations). The problem list/health issues for your child will not be viewable, nor will you be able to see: alerts; family, medical, or social history; e-mails to your child; lab results; prescriptions; recent visit summaries; hospital visits; or discharge instructions. You and your 13-17 year-old child may agree to allow you full access to your teen's MyChart record by completing and submitting the Teen Full Access Proxy Form and Teen Full Access Proxy Authorization.
- Once your child reaches **age 18**, you will no longer have access to your child's MyChart record. Further, **it is your responsibility to inform us** if your child (a) is emancipated from your care by a court, (b) enters into a lawful marriage before the age of 18; (c) bears a child before the age of 18. If any of these circumstances occur or if your child offers proof to us that they have occurred, then you will no longer have access to your child's MyChart record, unless and until your child signs an adult proxy form for you to once again have access to his/her MyChart record.

Please provide the following information for each child: (All fields are required. If you have more than three children for whom you would like proxy access, please attach an additional page reflecting the information requested below):

A. Name (*last, first, middle initial*): _____

Social Security Number: _____ Date of Birth: _____

Primary Clinic: _____

B. Name (*last, first, middle initial*): _____

Social Security Number: _____ Date of Birth: _____

Primary Clinic: _____

C. Name (*last, first, middle initial*): _____

Social Security Number: _____ Date of Birth: _____

Primary Clinic: _____

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

