

MyChart Minor Patient Proxy Form

PATIENT Information (Please print)

Patient Name: _____ / ____ / ____
Last First Middle Date of Birth

Address: _____
Street City State Zip

Social Security # (last 4 digits): XXX-XX-____ Phone number: _____

PARENT/LEGAL GUARDIAN Information (Proxy)

Proxy Name: _____ / ____ / ____
Last First Middle Date of Birth

Have you been registered under a different name? _____

Address: _____
Street City State Zip

Social Security # (last 4 digits): XXX-XX-____ Phone number: _____

Email address (Required): _____

For Parent/Legal Guardian (Both boxes required)

Choose one (1) applicable MyChart access below:

- ☐ **0-11 Minor Patient:** Granting full online access to your child's record until the patient turns 12 years old.
- ☐ **12-17 Minor Patient:** Granting full online access to your child's record until the patient turns 18 years old. Must include minor patient's consent.
- ☐ **12-17 Minor Patient – Incapacitated:** By checking this box I certify that my child has been deemed by a physician to be incapacitated.

Select your relationship to the patient:

- ☐ Father
- ☐ Mother
- ☐ Legal Guardian **MUST have supporting documents on file verifying legal relationship.*

Select the document on file:

- ☐ Permanent Legal Guardian
- ☐ Temporary Legal Guardian (365 days or less)

I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is true and correct. I further agree to any and all current and future terms and conditions noted at <https://www.mychart.org>.

 Parent/Legal Guardian Signature (Required)

 Date (Required)

For Minor Patient (12-17 years old)

By signing this form:

- I understand I have the right to control access to the following types of information: HIV/AIDS related health information and/or records, behavioral or mental health information and/or records, information about sexually transmitted disease (STD), pregnancy, birth control, drugs/alcohol diagnosis, treatment, and/or referral information, genetic testing information and/or records, information about sexual assault/abuse, and information about child abuse and neglect.
- I understand that by signing this form, the items listed above may be disclosed to the parent/legal guardian identified herein along with other health information in my MyChart account.
- **I agree to allow my parent(s)/legal guardian(s), named above, online access to my medical information currently available and information that may become available as a result of future medical care.**
- **I understand that I have the right to revoke this authorization at any time. My request to revoke parental access must be submitted in writing and may take several days to process.**
- **I understand this authorization will expire automatically upon my 18th birthday if I have not revoked it sooner.**

 Minor Patient (12-17) Signature (Not required if incapacitated)

 Date (Required)

 Employee Signature #1 (Required)

 Date (Required)

 Employee Signature #2 (Two witnesses required for verbal request)

 Date (Required)

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Access to Your Child's MyChart Account

We are pleased to offer parents or legal guardians access to your child's MyChart account. Completion of this form is required before we can establish a MyChart account for you and your child. Please note that your child's account will be accessed through your (the proxy's) MyChart account. Return the completed form to your representative.

Limitations

Please note, the following limitations do not affect any legal rights you have to access your child's record by other means. To request a paper copy of your child's record, please contact the facility where care was provided to obtain record copies.

- **All Minors:** If legal decisions, ruling, or judgments related to parental rights have been made that impact MyChart access, additional information may be required. If we are unable to validate your relationship to the child, additional information may be required.
- **Age 0-11:** You will be granted full access to your child's MyChart account.
- **Age 12-17:** Under State and Federal law there are certain types of medical information that the parent or legal guardian of a minor patient age 12-17 may not view without consent of the minor patient. Because of these requirements, a parent or legal guardian may have limited access to their child's record (allergies and immunizations). To gain full access, both the child ages 12-17 and the parent/legal guardian must sign this form.
- Proxy access can be revoked at any time by the patient (12-17), parent/legal guardian, or HealthCare System. This includes if the child advises Healthcare System of his/her emancipated status.
- **Age 18:** Proxy access is discontinued.

MyChart Terms and Agreement

- I understand that OSF Healthcare System has been contracted by my provider to provide its electronic health record system, including MyChart.
- 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 child's health information, or 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 complete medical record may be requested from the applicable provider. I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by my provider through OSF Healthcare System as a convenience to its patients and that my provider and/or OSF Healthcare System 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.