

Child/Teen Proxy Access Request Form

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete the form in its entirety. Completing this form allows access to portions of the patient's protected health information maintained by Erlanger Health System through MyChart.

Parent/Guardian Information (All sections required - please print clearly)

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

NAME (Last, First, M.I.):

DATE OF BIRTH:

STREET ADDRESS:

CITY:

STATE:

ZIP:

**PHONE
NUMBER:**

**E-MAIL
ADDRESS:**

**RELATIONSHIP TO
PATIENT:**

Child Information (Patient's name and date of birth required - please print clearly)

Please provide the following information for your child:

NAME (Last, First, M.I.):

DATE OF BIRTH:

NAME (Last, First, M.I.):

DATE OF BIRTH:

NAME (Last, First, M.I.):

DATE OF BIRTH:

Acknowledgement

I ACKNOWLEDGE AND AGREE THAT:

- I have parental rights or legal guardianship rights to access this patient's record.
- I have not been denied periods of physical placement with the patient and there are no court orders or restraining orders in effect limiting my access to this patient's medical records and/or information.
- 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.
- 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 will comply with the terms and conditions on the MyChart web site and this document.
- I agree that access to the patient's information will be limited when the patient reaches 12 years of age (per the terms and conditions of the MyChart portal). I will have to sign another form, the 12-17 years of age proxy form, in order to gain full access within MyChart. If the patient in the 12-17 age group does not sign their agreement, I will receive or maintain limited access to the patient's MyChart. If the patient does sign the agreement, I understand and agree that the patient, in the 12-17 age range, will get access to their own MyChart account.
- I understand that MyChart contains selected, and in some circumstances limited medical information from the 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.

Signature of Patient's Parent, Caregiver, and/or Representative

Date