

MyChart[®] Child Proxy Access Form

Access to Your Child's MyChart[®] Record

To sign up for access to your child's MyChart[®] record, please provide the information requested below. Both you and your child (if over the age of 11) must read and agree to the Terms and Conditions of Use and Access Agreement information. Please read this information carefully. Please note that your Proxy access to your child's chart will be through your MyChart[®] account. Return the completed form as directed by the primary care clinic/office or provider.

Parent/Guardian Information: (All sections required – please print clearly.)

Your Name (*last, first, middle initial*) _____
Social Security Number: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone Number: _____
Child's Primary Clinic or Physician Office: _____

Please provide the following information for minor: (All fields are required)

A. Name (*last, first, middle initial*): _____
Social Security Number: _____ Date of Birth: _____
Address if different than parent: _____
Primary Care Clinic/Physician/Provider: _____ Relationship to Minor: _____

MyChart[®] Child Proxy Access Terms, Conditions and Agreement

PLEASE READ CAREFULLY

Limited Access

Please note the following age range limitations regarding Proxy access to medical information of a Minor via MyChart[®]. These limitations have been established in order to comply with Federal and State laws and regulations regarding the release of health information of a minor. These age range limitations apply to the use of MyChart[®] only, and do not affect any legal rights of the minor patient or parent/legal guardian to access the minor patient's record or medical information by other means. To request additional information from your child's record, contact your child's primary care provider. Copies of medical records or other medical information outside of MyChart[®] are released only with proper authorization and in accordance with Federal and State laws and regulations, and policies and procedures.

- If the minor patient is **age 0-11:**
 - Parent Proxy will be granted full access to your child's MyChart[®] record. You will be able to request prescription refills via MyChart[®]
 - Minor child **will not** have access to all information that the Parent Proxy has access to.
- If the minor patient is **age 12-17:**
 - Parent Proxy will be granted partial access to your child's MyChart[®] record. (e.g., immunizations, lab results). You will not have the ability to view certain protected health information that your child may have a

right to withhold from you under Federal or State Law. You will not be able to request prescription refills for your child via MyChart®.

- Minor child will have access to certain PHI that the patient’s physician determines may be posted to MyChart in accordance with State and Federal laws and Regulations and in accordance with Policies and Procedures. Minors **cannot** request prescription refills via MyChart.
- Once the minor patient reaches **age 18**, Parent Proxy will no longer have access to the child’s MyChart® record. The child’s account will change upon reaching the age of 18.

Terms & Conditions

- I, Parent/Proxy and Minor Patient 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/my child’s health information,
- I, Parent/Proxy and Minor Patient 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, Parent Proxy and Minor Patient understand that MyChart® contains selected, limited medical information from the minor patient’s medical record and that MyChart® does not reflect the complete contents of the medical record.
- I, Parent/Proxy and Minor Patient 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, Parent/Proxy and Minor Patient am solely responsible for any entries I make in the medical record.
- I, Parent/Proxy and Minor Patient understand that the medical providers who are responsible for my child’s care may rely upon information provided by Parent/Proxy or Minor Patient in MyChart®. **I understand that I must provide complete and accurate information.** I further understand that I am solely responsible for any action taken by care providers in reliance upon any entries I make in MyChart® and/or the medical record.
- I, Parent Proxy and Minor Patient understand that access to MyChart® is provided by child’s physician as a convenience to patients and parents of minor patients, and maintains the right to deactivate access to MyChart® at any time for any reason. We understand that use of MyChart® is voluntary and we are not required to use MyChart®
- I, Parent/Proxy understand that if all parent/legal guardian rights to my child are revoked, my access to my child’s MyChart® access will also be revoked.
- **I, Parent/Proxy and Minor Patient understand that MyChart® is not to be used in an emergency.**
- I, Parent/Proxy understand that under Ohio law certain health information about my child must be withheld from me and that because of this not all information of my child is accessible to me via MyChart®

By signing below, I, Parent/Proxy and Minor Child acknowledge that I have read and understand the above information, and that I have had the opportunity to discuss this authorization with a representative of the primary care provider, and have had any questions satisfactorily answered. I agree to the terms and conditions of MyChart® use and Proxy Access, and agree to only use this access for the sole purpose of assisting in the medical management of the minor patient.

_____ / _____ / _____
Signature of Parent/Guardian Relationship to Patient Date (Required)

Patients over the age of 11 must review the above information and sign. Signature indicates understanding of the information and agreement to the Terms and Conditions.

_____ / _____ / _____
Signature of Minor Patient Relationship to Proxy Date (Required)