



Medical Record No.
Patient Name
Birthdate
Physician

Please align patient label to the right

Proxy Form (12-17)

Parent/Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old

Requirements and Procedures

Under State and Federal law there are certain types of medical information that the parent or 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 access the online MyChart record of a patient 12-17 years old only with the patient's consent. Both the child aged 12-17 and the parent/legal guardian must sign the attached form (below).

Requirements for accessing a child's record:

- Parent or guardian requesting access must have legal guardianship rights
- Parent/Guardian Access Authorization form must be completed and signed
- Each parent or individual requesting access must have his/her own MyChart account.

I understand that:

- I must have a MyChart account
- I must log in to MyChart with my own User ID & Password
- I must click on 'My Family's Records' to access my child's medical information
- I agree to abide by the terms and conditions of the MyChart site
- **MyChart is not to be used in emergency situations.** If I have a medical emergency or have a question about medical care or treatment, I will contact my health care provider directly.
- This site is not a substitute for appropriate and timely contact with my physician.

Parent/Legal Guardian access to a child's record is revoked when:

- Parent/legal guardian or patient submits a request to revoke online access
- Patient turns 18 years old
- Patient advises Ann & Robert H. Lurie Children's Hospital of Chicago or his/her independent physician practice of emancipated status
- Parent/parent or parent/patient access disputes cannot be resolved

Communications on behalf of the patient must be sent from the patient's record; responses will be posted in the patient's record. MyChart e-mail alerts will be sent to the e-mail address entered in the patient's record.

If you already have a MyChart account, you will receive a letter notifying you that access to the patient's record is available, typically 5-7 business days. You will be granted access to the record only after the completed Parent/Guardian Authorization form is received.

If you do not have a MyChart account, upon submitting your electronic request a MyChart Activation Letter with Access Code and instructions will be mailed to you typically in 5-7 business days. Access to MyChart will be accessible upon Lurie Children's or your independent physician practice receiving the completed Parent/Guardian Authorization form. If you do not activate your account within 60 days after receiving your MyChart Activation Letter, your account will be inactivated.



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Parent/Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old - Authorization Form

Please enter Patient's information below:

Patient's Name: _____ Date of Birth: _____

Address: _____ Gender: _____ Male _____ Female

To be notified when new messages about the patient's care are sent to MyChart, please list an e-mail address:

Please enter Parent/Legal Guardian information below:

Parent Name: _____ Date of Birth: _____

Address: _____

Phone number on file: _____

Relationship to patient: Parent Legal Guardian Other (please specify: _____)

Note: Access to patient's online record is only available to parents or individuals with legal guardianship.

Do you (parent/legal guardian) have an active MyChart account? Yes No

I have read and understand the requirements and procedures for accessing my child's medical record information online as provided on page one of this document titled, Parent/Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old. I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to my child's online record. This authorization is valid until it is revoked or otherwise expires.

Date Parent/Legal Guardian Signature

For Patient (12-17)

I authorize the release of information covering the period(s) of healthcare starting with the first date of service that information became available in the Lurie Children's online system (laboratory results as early as 2002 and medical imaging starting 2004) to my 18th Birthday - Date (/ /).

I agree to allow my parent/legal guardian, named above, online access to my medical information currently available and that may become available as a result of future medical care. I understand I may revoke this access at any time.

I understand that the following items may be disclosed along with other health information in my medical record: 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, information about child abuse and neglect, and domestic abuse of an adult with a disability.

Date Patient Signature

Date Witness Signature
(anyone other than parent or patient may witness)

Witness Printed Name