



MYCHART CHILD PROXY FORM

PLACE PATIENT LABEL HERE

To request access to your child's MyChart record, please complete both pages of this Child Proxy Form and return it to the office of your child's provider or to the address shown below. Please note that your child's chart will be accessed through your own MyChart record. Completing this form will establish a MyChart record for you and for your child.

Return forms to: UI Health HIM Department (MC 772), MyChart Proxy Request, 833 South Wood Street, Suite B-52, Chicago, IL 60612 or fax to 312.413.8014 or email to recordrequest@uic.edu

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

Name (last, first, middle initial): _____ Date of Birth: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email Address: _____

Age Range Limitations

- **Age 0-11:** you will be granted full access to your child's MyChart record.
- **Age 12-17:** you will be granted only partial access to your child's MyChart record based on state and federal law (appointment scheduling, immunizations, allergies, growth charts, limited messaging).
- **Age 18:** you will no longer have access to your child's MyChart record.

Child's Information (All sections required – please print clearly. Separate form must be completed for each child)

Name (last, first, middle initial): _____ Date of Birth: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Gender (Male/Female): _____

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential health information. If I share my MyChart username 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 understand that it is my responsibility to ensure that my email address is current at all times, and that if my email address is not current I will not receive important messages from MyChart.
- I understand that MyChart contains selected, limited information from my child's health record and that MyChart does not reflect the complete contents of the health record. I also understand that a complete paper copy of a patient's health record may be requested from UI Health HIM Department.





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- I understand that although MyChart contains limited information, individuals with proxy access may have access to selected information related to behavioral or mental health, developmental disabilities, HIV/AIDS, drugs/alcohol diagnosis and treatment, genetic testing and counseling, sexual assault/abuse, child abuse and neglect, sexually transmitted disease, pregnancy and birth control.
- I understand that my activities within MyChart may be tracked electronically and that entries I make may become part of the patient's health record.
- I understand that access to MyChart is provided as a convenience to patients and that UI Health has the right to deactivate access to MyChart at any time for any reason.
- I understand that use of MyChart is voluntary and my proxy access can be revoked by the patient in writing to UI Health.

By signing below, I acknowledge that I have read and understand this MyChart Child Proxy Form and agree to its terms. I also certify that I am the parent or legal guardian of the child listed on this form and that all information I have provided is correct. I hereby request access to my child's MyChart health record.

_____/_____
Signature of Parent/Legal Guardian **Date (Required)**

_____/_____
Relationship to Patient

You must provide a copy of legal paperwork verifying Legal Guardianship or Power of Attorney if not already on file.

For Office Use Only

| | |
|---|----------------------|
| <input type="checkbox"/> Confirmed ID/Documentation | Name and Date: _____ |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Name and Date: _____ |
| <input type="checkbox"/> Scanned into Patient's Record | Name and Date: _____ |
| <input type="checkbox"/> Revoked | Name and Date: _____ |