

Parent/Guardian Request for Child Proxy Access

This form allows you to request proxy access to your child’s medical records created by Premier Health and their community medical partners. Note that you will access your child’s MyChart records through your own MyChart record.

STEP 1. To sign up for access to your child’s MyChart record or the MyChart record of a child for whom you have legal guardianship, please complete all pages of this **Child Proxy Access Form**.

STEP 2. Email the completed form to MyChartActivation@premierhealth.com or submit the form to your child’s physician office. If you are not the child’s biological parent, please provide paperwork to document guardianship.

Parent/Guardian Information: All fields are required. Please print clearly.

Last Name	First Name	Middle Name
Date of Birth	Last 4 digits of Social Security	Phone Number:
Address		
City	State	Zip
Email address:		
Do you currently have a My Chart Account?		

Child Information: Provide information for EACH child. All fields are required. Please print clearly.

For proxy access for more than four children, submit an additional form.

Last Name	First Name	Middle Name
Date of Birth	Last 4 digits of Social Security	Phone Number:

Last Name	First Name	Middle Name
Date of Birth	Last 4 digits of Social Security	Phone Number:
Last Name	First Name	Middle Name
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Last Name	First Name	Middle Name
Date of Birth	Last 4 digits of Social Security	Phone Number:

MyChart Terms and Agreement:

- 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 and 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 medical record may be requested from the physicians’ office or hospital where treatment occurred.
- 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 Premier Health and/or their community medical partners as a convenience to their patients and that these facilities 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.
- By signing below, I acknowledge that I have read, and I understand this MyChart Proxy Request Form and I agree to its terms.

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