

# MyChart Child Proxy Form

## Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete both pages of this Child Proxy Form. Please note that your child's chart will be accessed through **your** MyChart record. Completing this form will establish a MyChart record for you (the parent) with access to your child's medical information.

Return all forms to: Your **Primary Care Provider** Office.

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

Name (last, first, middle initial) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Clinic: \_\_\_\_\_

Requirements for accessing a child's record:

- Birth/adoptive parent or individual requesting access must have legal guardianship rights
- Complete and signed MyChart Child Proxy Form
- Each parent or individual requesting access must have their own MyChart account

Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child's record by other means.

- If your child is **age 0-14**: You will be granted full access to your child's MyChart record.
- When your child turns **age 15**: Your access to your child's MyChart record will expire.

**Please provide the following information for each child:** (All fields are required. If you have more than three children for whom you would like proxy access, please request another form or download one at

<https://mychart.fmolhs.org/MyChart>

A. Name (last, first, middle initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Clinic: \_\_\_\_\_

B. Name (last, first, middle initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Clinic: \_\_\_\_\_

C. Name (last, first, middle initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Clinic: \_\_\_\_\_

► Please remember to complete page 2 of this form.

## MyChart Terms and Agreement

By signing below, I acknowledge that I have read, understand, and agree to the MyChart Terms and Conditions. A copy of the MyChart Terms and Conditions can be requested at your physician's office and can be obtained online at <https://mychart.fmolhs.org/MyChart>

▶ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent/Guardian      Relationship to Patient      Date      Time