

MyChart® Proxy Record Request and Acknowledgement of Terms and Conditions by Patient\Guardian – Adolescent Full Access

To be used for requests Proxy access for patients that are Children 12-18 Years of Age for unrestricted access to MyChart for their Adolescent.

Proxy Information: (please print clearly)

Proxy Name (*first, middle, last*): _____

Proxy Social Security Number: _____ Proxy Date of Birth: _____

Proxy Street Address: _____ City: _____ State: _____ Zip: _____

Proxy Home Phone Number: _____ Proxy Email address: _____

Proxy Mobile Phone Number: _____ Relationship to Patient: _____

I am requesting Proxy access to the MyChart® Record(s) of the individual(s) aged 12-17 who is named below (“Adolescent”) as the parent or legal guardian of the Adolescent. I acknowledge that certain federal and State laws permit my Adolescent to make certain health care decisions on their own behalf, and as such, I will be granted Proxy Access to my Adolescent’s MyChart® record only if my Adolescent consents to such access. In accessing or otherwise communicating through MyChart®, I agree to abide by the guidelines for the MyChart® Patient Portal electronic communication, as outlined below. I understand that MyChart® is not intended for critical or time sensitive communication. I understand that if the individual(s) for whom I have proxy access requires immediate or urgent care, I am to contact 911 or the individual’s health care provider (“Provider”) directly (NOT through MyChart®). My failure to adhere to the following guidelines may result in limitation of functionality in MyChart®. I agree never to use MyChart® to communicate information related to the Adolescent’s substance use disorder, if any.

When using MyChart I agree to:

- Contact the health care professional by means other than MyChart for any urgent or emergent situations.
- Never use MyChart to communicate information other than for the relevant patient
- Avoid communication related to chemical dependence, such as alcohol and substance abuse due to Privacy laws.
- Be concise in my communication.
- Avoid using MyChart messaging as a replacement for a phone call consultation or medical appointment.
- Results are immediately released. Reviewing laboratory or imaging results without consultation from a provider may lead to unnecessary concern or inappropriate interpretation.

I understand that the Provider or a designated staff member will:

- Require that I contact the health care professional by means other than MyChart for any urgent or emergent situations.
- Maintain certain activities with MyChart as part of the Provider’s medical record.
- Use reasonable and appropriate security practices to protect electronic patient information and prevent unauthorized access (password protection, encryption, authorizations, etc.)
- Share MyChart communications with office staff and other healthcare providers as needed, for continuity of care and where allowed without patient authorization.
- Share all medical and billing information, including laboratory and images results, family history, clinician notes, mental health treatment records.
- Restrict Proxy Access to the MyChart® Record of children 12 to 18 years old which is governed by separate regulations and requires a separate consent by the patient and/or representative if broader access is needed. When a child turns 12, the Proxy’s access will automatically be restricted to comply with state and federal privacy laws, until additional authorizations are signed and filed with the healthcare provider.

Proxy Access to MyChart® Record

Please provide the following information for the Adolescent whose MyChart® Record you are requesting to access (request another form to list additional names if necessary). Access to the Adolescent’s records will occur through your MyChart® Record.

Patient Name (*first, middle, last*): _____

Patient Last 4 of Social Security Number: _____ Patient Date of Birth: _____

I understand that MyChart® will notify me via email or SMS text that new messages are available in the MyChart® Records to which I have proxy access. Such messages will not contain any additional health information. I hereby request access to the MyChart® Record of the Adolescent named above and understand that in order to gain access to MyChart® I will be given a confidential password. I agree to keep it confidential and not to share it with anyone else. I agree to review the MyChart® terms and conditions attached hereto before accessing MyChart® and further agree that any access to MyChart® with my password is subject to such terms and conditions, as those terms and conditions are amended from time to time and accessible at <https://www.spimychart.com>. I understand that any updated terms and conditions in effect will be reviewable to me at the time I sign in to MyChart and I must accept the new terms and conditions before proceeding.

I have read all of the above, asked questions, and received answers concerning areas I did not understand. I agree that if an Adolescent for whom I have proxy access becomes eligible to consent on his or her own behalf that I will notify my Adolescent’s Provider, and I will not be entitled to proxy access unless a subsequent consent form is signed.

Signature of Parent/Legal Guardian

Date (Required)

This form should be completed by the parent or guardian of the patient requesting access, acknowledging and approving access to medical information in the patients MyChart® record, age 12-18. It must accompany the Patient Aged 12-18 MyChart Record Parent\Guardian Release of Information Authorization form, which provides the name and information of the individual who the patient is acknowledging and approving access to his or her MyChart record as a proxy.

Internal Use Only: Name of individual processing the request: _____