

MyChart Patient Record Adolescent Access (ages 13-17) and Permitted Proxy Access

To sign up for access to your MyChart record and/or permit a parent or guardian access to your MyChart record, please complete both pages of this MyChart Adolescent Access and Proxy Permission Form and return it to your provider. You should review the terms and conditions set forth herein with your provider at your next visit and prior to submitting the signed form to your provider's office.

IMPORTANT: If you choose to permit your parent/guardian to have full access to your MyChart record, your parent/guardian will have access to your medical information including but not limited to: medications, past and future appointments, lab and radiology tests, encounter notes, messages to and from your provider, immunizations and billing information.

If you choose **NOT** to permit your parent/guardian to have full access to your MyChart account, your parent/guardian will continue to have the more limited access to your MyChart account that automatically went into effect when you turned 13 and includes the following: Appointment request, bill pay, allergies, immunizations and messaging.

Patient Information: (All sections required – please print clearly)

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

I am requesting the following (check all that apply):

- Access to my personal MyChart account
- Access to my **complete** MyChart account for my parent(s) or guardian(s) (complete section below)

Please provide the following information for each proxy (parent/guardian) to whom you are granting **complete** MyChart access: (All fields are required)

- A. Legal Name: _____ Date of Birth: _____
Relationship to Patient: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone #: _____
- B. Legal Name: _____ Date of Birth: _____
Relationship to Patient: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone #: _____

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MyChart Terms and Agreement:

I understand:

- Use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- The proxy I designate by completing this form (if any) will have access to my complete MyChart account, including all information that is available to me through my personal MyChart account.
- Certain categories of sensitive information are excluded from MyChart and will not be available to me or to my proxy.
- 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 complete, paper copy of my medical record may be requested from the provider's office.
- 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 health information.
- 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.
- Care New England Health System, your provider, and their employees, officers and physicians are hereby released from any legal responsibility or liability for any unauthorized access to my MyChart information due to my failure to take adequate precautions to protect my MyChart ID and password.
- My activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- Access to MyChart is provided by Care New England Health System as a convenience to its patients and that Care New England Health System has the right to deactivate access to MyChart at any time for any reason.
- If I wish to revoke the proxy access granted hereunder (if any), I must inform the practice where I receive my services and complete a request form.
- By signing below, I acknowledge that I have read and understand this MyChart Adolescent Access and Proxy Permission Form and I agree to its terms.

I hereby understand that if I have elected to provide my parent/guardian with complete access to my MyChart account, I am granting my parent/guardian access to my medical information, including but not limited to: medications, past and future appointments, lab and radiology tests, encounter notes, messages to and from your provider, immunizations and billing information.

Minor Patient Signature

Date

Proxy Signature (as applicable)

Date

-----**Office Use Only**-----

I have reviewed this form with the patient and parent/guardian and have confirmed that the patient is currently unable to make proper informed decision based on cognitive limitations. The parent/guardian will be permitted full proxy access until the patient is assessed able to make this decision or the patient turns 18.

Signature of Provider: _____

Date: _____