Care New England

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 and return it to your provider. Please note that your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child.

Parent/Guardian 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: _____

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. To request a paper copy of your child's record, contact your child's primary care clinic.

- If your child is **age 0-12:** You will be granted full access to your child's MyChart record.
- If your child is **age 13-17:** You will be granted partial access to your adolescent's MyChart record. (e.g., appointment request, allergies, immunizations, demographics and bill pay) **OR** your adolescent can grant you permission to full MyChart features. Your adolescent's provider will review this with you and your adolescent.
- Once your child reaches **age 18,** you will no longer have access to your child's MyChart record.

Please provide the following information for each child: (All fields are required. If you have more than four children for whom you would like proxy access, please request another form).

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: _____

D. 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

- Use of MyChart is voluntary and I am not required to use MyChart.
- Certain categories of sensitive information are excluded from MyChart and will not be available to me.
- 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.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

▶ _____ / _____ / _____

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

For Internal Use Only:
Date Proxy Access Granted: _____ Provider Office Name: _____
Name of staff member granting access: _____