

## Proxy Access to Minor (Child Under 12) MyChart Account

This form should be completed by a parent or permanent legal guardian (“Proxy”) who wants access to portions of his/her, under 12 year old child’s electronic protected health information (“ePHI”) through MyChart maintained by the Community Medical Centers and affiliated physicians. The Proxy will need to show his/her photo ID.

Due to State and Federal law, which protects certain categories of medical information from being released to parents/legal guardians without the consent of the minor patient and their provider, MyChart Proxy access is not currently available for patients between the ages of 12 and 17.

### Child’s (“Patient”) Information - one form per child

Patient’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Medical Record Number (if known): \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Permanent Legal Guardian (“Proxy”) Information

In order to view the Child’s (“Patient’s”) information, the Proxy must also obtain their own My Chart account.

Proxy’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address (required): \_\_\_\_\_

\*A Social Security Number is required in order to process a request for proxy access. It uniquely identifies you.

### My Relationship to the Child is:

Birth Parent     Adoptive Parent     Other: list \_\_\_\_\_

OR

**Permanent Legal Guardian** – Must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the Proxy status as permanent legal guardian of the patient.

Health Information Management  
**MyChart Minor Proxy Access Form**



**By signing below, I acknowledge and agree that:**

1. I will be using my own MyChart account to access the Child's MyChart account.
2. I will comply with the MyChart Terms and Conditions for use of MyChart, available upon activation of a MyChart account.
3. I will keep my password confidential and not share this information with anyone.
4. I must have parental rights or permanent legal guardianship rights to access this Child's record.
5. There are no court orders in effect limiting or denying my access to this Child's medical records and/or information.
6. There are age range limitations for MyChart. These age range limitations do not affect any legal right I have to access the Child's record by other means. I can request a paper copy of the Child's record by contacting the Health Information Management department.
7. For a child age 0 to 11 years, I will be granted full access to the Child's MyChart account. On the Child's 12th birthday, I will no longer have access to the Child's MyChart account.
8. I may revoke this authorization at any time directly in MyChart.
9. I have a right to receive a copy of this authorization.
10. If my parental or legal guardianship rights change, I will notify Community Medical Centers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Proxy Signature

\_\_\_\_\_  
Print Name

**Return the completed form to:**

**Community Medical Centers, Attn: HIM Department (Proxy)**

**Mail: P.O. Box 1232, Fresno, CA 93715**

**Fax: (559) 459-2412**

**For Official Use:**  CRMC  CCMC  FHSB  Physician Office – List Office \_\_\_\_\_

**(Proxy access will *not* be activated if 1-3 below are not completed)**

1. Proxy ID Verified:  Yes Date: \_\_\_\_\_

2. Printed name and phone # of person verifying Proxy ID:  
\_\_\_\_\_

3. CMC Representative Only: Date Proxy Access activated \_\_\_\_\_ Initials \_\_\_\_\_

Health Information Management  
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