

## MyChart Adolescent Proxy Form (Age 13-17 Years)

You and your adolescent child must complete this form to request access to your child's Phelps Health MyChart account.

Please note that you will access your child's information through your own MyChart account. If you do not have a MyChart account, upon approval of this request, you will receive a MyChart activation code along with instructions on how to sign up for MyChart and create your own MyChart account.

### PATIENT INFORMATION (ALL SECTIONS REQUIRED – PLEASE PRINT CLEARLY):

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION (ALL SECTIONS REQUIRED – PLEASE PRINT CLEARLY):

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to Patient:  Parent  Guardian  Other \_\_\_\_\_

**If you checked a box other than "parent" an explanation of the relationship and any documentation supporting your request must be attached before the application will be processed. We may contact you if additional information is needed.**

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 13-17, you will be granted partial access to your child's MyChart account if they sign this form.
- At age 18, a child is no longer a minor and MyChart access by parents/guardians will be automatically terminated.

I understand that:

- Use of MyChart is voluntary and neither my child nor I am not required to use MyChart.
- Parent/Guardian access to MyChart will be revoked when my child turns 18 or he/she revokes proxy access. I also understand that Phelps Health is not responsible for, and cannot resolve, access disputes between me and my child.
- MyChart contains selected, limited medical information from my child's medical record and does not reflect the complete contents of his/her medical record. I also understand that this form addresses access only through MyChart and does not address access to medical records by other methods or in other formats.
- MyChart is intended as a secure online portal for viewing confidential medical information. It is my responsibility to select a confidential password, to maintain my password in a secure manner (i.e., not share it with anyone), and to immediately change my password if I believe it may have been compromised. I also understand that if I share my username and password with another person, that person may be able to view my and my child's medical information
- MyChart is provided by Phelps Health as a convenience and Phelps Health has the right to deactivate access to MyChart at any time for any reason.
- This request will expire in one year if I do not activate a MyChart account in that time.
- "Phelps Health" refers to Phelps Health and its affiliates Phelps Health Medical Group and Phelps Health Homecare.
- If I am no longer a parent or guardian with legal authority to access my child's medical information, I must immediately stop using my proxy access through MyChart, and I will alert Phelps Health to discontinue my access.

**By signing below, I attest that I am a parent or guardian with the right to access my child's medical information, and I acknowledge that I have read and understand this MyChart Adolescent Proxy Form and I agree to its terms.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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**PATIENT CONSENT**

\_\_\_\_\_ I agree to allow my parents/guardians to access my *MyChart* account and look at all of my medical information in my  
*Patient Initials* *MyChart* account. I understand that if my record has information about certain services, such as testing for pregnancy, HIV/AIDS or sexually transmitted infections, counseling about birth control or prescriptions for birth control, and/or alcohol or drug use/abuse, my parents/guardians will be able to see this information.

\_\_\_\_\_ I understand I can stop my parents/guardians from accessing my *MyChart* account and looking at my information at any time  
*Patient Initials* by revoking their proxy access via my own *MyChart* account.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

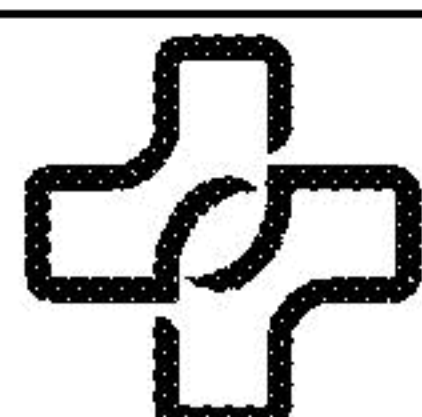
**PATIENT'S HEALTH CARE PROVIDER MUST ATTEST AND SIGN BELOW**

By signing this form below, I attest that I am the established primary care provider of, or a health care provider in an ongoing/continuous treatment relationship with, the patient identified above. I have counseled the patient identified above regarding this form and the meaning of this Proxy request.

Signature of Approving Provider : \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Approving Provider: \_\_\_\_\_ Office phone: \_\_\_\_\_

Office name and address: \_\_\_\_\_



**Phelps Health**

1000 WEST 10TH STREET | ROLLA, MO 65401

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