

MyChart Application For Adolescent Patients (Ages 13-17 Years)

Completing this form allows you to request a Phelps Health MyChart account where you can access some parts of your medical record. If this request is approved, you will receive a MyChart activation code 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: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Number: _____

I understand that:

- I do not have to have a MyChart account. If I do get a MyChart account, I can cancel it at any time by sending written notification to Phelps Health HIM department, 1000 West 10th Street, Rolla, MO 65401.
- My MyChart account is for my use only and I must never share my username or password with anyone. If I share my username and password with another person, that person might be able to see my medical information. If I think someone may have my username and password who is not supposed to have it, I will immediately change my password.
- If I want my parent(s)/guardian(s) to have access to my MyChart account, I must complete a MyChart Proxy Form.
- My MyChart account only includes certain kinds of my medical information.
- Phelps Health can cancel my access to MyChart at any time for any reason.
- "Phelps Health" refers to Phelps Health and its affiliates Phelps Health Medical Group and Phelps Health Homecare.

Signature of Patient: _____ Date: _____ Time: _____

TO BE COMPLETED BY PATIENT'S HEALTH CARE PROVIDER

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 request, including proxy access. I discussed the following with the patient:

- The patient's account is for his/her use only. The patient should never give his/her login or password to anyone.
- If the patient wants another individual (including his/her parent(s)/guardian(s)) to have access to his/her MyChart account, he/she should grant proxy access to that individual.
- If proxy access to the patient's account is appropriate, the patient has the right and ability to revoke access (including parental/guardian access), and this can be done from within his/her MyChart account.
- The patient understands that his/her parent/guardian can see diagnosis and treatment information related to private medical issues through proxy access.

Signature of Approving Provider: _____ Date: _____ Time: _____

Name of Approving Provider: _____ Office phone: _____

Office name and address: _____



Release of Information: MyChart

