

MyChart Child Proxy Access Form

We are pleased to offer parents (and legal guardians) online access to the medical record of their child (or child in their care). To request access, please complete this form.

If your child is between the ages of 0-13: You may be granted full authority by proxy to access your child's MyChart information. **If your child is age 13 and older:** You cannot be granted access to your child's MyChart information. Authorization for proxy access to a child's account is valid until the child turns 13. Upon the child's 13th birthday, MyChart access will cease.

These age ranges comply with state regulations designed to protect the privacy of minors who seek testing or treatment for certain medical conditions such as pregnancy, alcohol and/or drug abuse, certain mental health care services and sexually transmitted diseases.

Birth or adoptive parents must present photo identification and sign this form acknowledging that they have a right to the child's health care information. If you are not the birth or adoptive parent of the child, you must present legal paperwork (such as a court order or medical power of attorney) proving that you are the legally recognized caregiver for the child.

Each parent needs to fill out his or her own form to gain proxy access to their child's MyChart. If you wish proxy access for more than one child, you must fill out a separate form for each child.

For further information on access to your child's medical records please contact your child's provider or the Pacific Medical Centers - Health Information Management Department at 206-621-4150.

Patient (Child's) Information

(All information is required – please print clearly.)

Name (last, first, mi): _____ Date of Birth: _____ SSN: _____ - _____ - _____
(if available)
Street Address: _____ City: _____ State: _____ Zip: _____

Proxy's Information (Adult requesting access)

(All information is required – please print clearly.)

Name (last, first, mi): _____ Date of Birth: _____ SSN: _____ - _____ - _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Relationship to child: Birth Parent Adoptive Parent Legal Guardian Other _____

Are you also a patient with us? Yes No If yes, do you have a MyChart account? Yes No

- I understand that for all medical emergencies, I need to immediately dial 911.
- I understand that the health information included in MyChart may include information considered very personal, including information about sexually transmitted and other communicable diseases, drug and alcohol abuse, HIV/AIDS, and mental health services. My child's health care provider, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.
- I understand that this authorization will continue until revoked. I may revoke this authorization by written request at any time by contacting my child's provider or the Pacific Medical Center Release of Information Department.
- I understand that the revocation will not apply to the information that has already been released in response to this authorization. I understand that failure to comply with the MyChart Terms and Conditions may result in the termination of MyChart proxy access privileges.
- I understand that my child's provider will not condition treatment on my signing this authorization.
- I understand this authorization must be filled out completely and signed and dated. A copy that has not been altered will be considered as valid as the original. .
- I have read and understand the information about proxy access for MyChart and have access to the full MyChart Terms and Conditions online.
- I request access to the above patient's MyChart account.

Accessing Adult Signature (Proxy)

Date

Patient MRN (For Office Use Only): _____