MyChart
Manage your health online

mychart.eehealth.org

Endeavor Health
Edward-Elmhurst 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 clinic or the address shown below. 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.

Please return forms to your clinic or physicians office. You can also send them to Edward HIM/Medical Records Department, 801 S. Washington Street, Naperville, IL 60540 or fax to 331-221-2390 OR Elmhurst Memorial Physician Practice Division, Health Information Management Dept, 1200 S. York Road, Ste 2000, Elmhurst, IL 60126 or fax to 331-221-3946.

## Parent/Guardian Information (All sections required – please print clearly.)

This section should be completed by the individual requesting access to a child's MyChart record.

Name (last, first, middle initial)_____ Date of Birth _____

Last 4 Digits of Social Security Number _____ Email _____
Patient's full SSN must be on file with Edward to activate a MyChart account

Street Address _____ City_____ State _____ Zip_____

Phone Number _____ Primary Physician _____

## Age Range Limitations

State and Federal law restricts parental access to certain medical information for minors age 12-17. The information you are allowed to view will depend on the age of your child. You may be allowed to request additional information on paper or other electronic format by submitting a written request using a Release of Information Form that may be obtained from your doctor's office or you may print one from **EEHealth.org/medical-records.**

- If your child is age 0-11: You will be granted full access to your child's MyChart record.
- If your child is age 12-17: You will be granted partial access to your child's MyChart record. Please use the **Minor Proxy Form** to be granted full access to your minor child's MyChart record (e.g. appointment scheduling, immunizations)
- Once your child reaches age 18, you will no longer have access to your child's MyChart record.

## Child Information

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 print an additional form).

**Child 1** Name (last, first, middle initial)_____

Date of Birth _____ Gender ☐ Male ☐ Female

Street Address _____ City_____ State _____ Zip_____

**Child 2** Name (last, first, middle initial)_____

Date of Birth _____ Gender ☐ Male ☐ Female

Street Address _____ City_____ State _____ Zip_____

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**Child 3** Name (last, first, middle initial)_____

Date of Birth _____ Gender ☐ Male ☐ Female

Street Address _____ City_____ State _____ Zip_____

**Child 4** Name (last, first, middle initial)_____

Date of Birth _____ Gender ☐ Male ☐ Female

Street Address _____ City_____ State _____ Zip_____

## MyChart Terms and Agreement

- I understand that 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 or my child's health information, and health information about someone who has authorized me as a MyChart proxy.
- I agree that 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.
- I understand that 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 paper copy of a patient's medical record may be requested from the patient's clinic.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by Edward-Elmhurst Health as a convenience to its patients and that Edward-Elmhurst Health has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- I understand that even though I may only be a patient of Edward Hospital & Health Services, Elmhurst Memorial or DuPage Medical Group, my health information will be shared with the other provider as both providers jointly share MyChart.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

### Access to children's online record is only available to parents or individuals with legal guardianship

I have read and understand the requirements and procedures for accessing my children's medical record information online as provided in this document.

I certify that I am the parent or legal guardian of the children listed on this form and that all information I have provided is correct.
I hereby request access to my children's online health record.

▶ _____ / _____ / _____

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


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