MyChart
Manage your health online

Edward-Elmhurst HEALTH | Healthy Driven

mychart.eehealth.org

MINOR PROXY FORM

Parent/Legal Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old

Return completed form by Secure email to EEHealth HIM/Medical Records Department: mychart.activation@eehealth.org.

Requirements and Procedures

Under State and Federal law there are certain types of medical information that the parent or guardian of a minor patient age 12-17 may not view without consent of the minor patient. Because of these requirements, a parent or legal guardian may access the online MyChart record of a patient 12-17 years old only with the patient's consent. Both the child aged 12-17 and the parent/ legal guardian must sign this form.

Requirements for accessing a child's record:

- Birth parent or individual requesting access must have legal guardianship rights
- Parental authorization form must be completed and signed
- Each parent or individual requesting access must have their own MyChart account or a MyChart account will be established

I understand that:

- I must have an Edward Elmhurst Health MyChart account or an account will be established for me
- I must log in to MyChart with my own User ID & Password
- I must click on 'View Other Records' to access my child's medical information
- I agree to abide by the terms and conditions of the EEHealth MyChart Site
- **MyChart is not to be used in an emergency**

Birth Parent/Legal Guardian access to a child's record is revoked when:

- Birth parent/legal guardian or child submits a request or revokes online
- Child turns 18 years old
- Child advises Edward Elmhurst Health of his/her emancipated status
- Parent/parent or parent/child access disputes cannot be resolved

Edward Elmhurst Health reserves the right to revoke online access to medical information at any time.

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 in certain circumstances. 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 Elmhurst Health, my health information will be shared with the other provider as both providers jointly share MyChart. I may revoke this proxy authorization form at any time by providing a written request, which will end my access to my child's MyChart Account. Revocations will not affect prior information disclosures before the processing of the request has been completed.
- This form does not substitute as an Authorization to Release health information to a designated proxy by any other method. The purpose of this Minor Proxy form is for access to the MyChart portal information.

By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

Parent/Legal Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old

Authorization Form

Please enter Patient's information below:

Name (last, first, middle initial) ______________________________ Gender ☐ Male ☐ Female

Last 4 Digits of Social Security Number______________________ Date of Birth______________________

Patient's full SSN must be on file with Edward-Elmhurst Health to activate a MyChart account

Address/City/State/Zip: ____

Please enter Parent/Legal Guardian information below:

Name (last, first, middle initial) ____

Last 4 Digits of Social Security Number______________________ Date of Birth______________________

Patient's full SSN must be on file with Edward-Elmhurst Health to activate a MyChart account

Address/City/State/Zip: ____

Phone number on file: ______________________

To be notified when new messages about the patient's care are sent to MyChart, please list an email address: ____

Relationship to patient: ____ Parent ____ Legal Guardian ____ Other (Please specify: ______________________) **Note:**

Access to patient'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 child's medical record information online as provided on page one of this document titled, Parent/Legal Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old. I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to my child's online record.

__________ ______________________________

Date Parent/Legal Guardian Signature

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For Patient (12-17 years of age)

I agree to allow my parent/legal guardian, named above, online access to my medical information currently available and that may become available as a result of future medical care. I understand this authorization will expire upon my 18th birthday from the date of my signature and that I may revoke this access at any time.

I understand that the following items may be disclosed along with other health information in my medical record: HIV/AIDS related health information and/or records, behavioral or mental health information and/or records, information about sexually transmitted disease (STD), pregnancy, birth control, drugs/alcohol diagnosis, treatment, and/or referral information, genetic testing information and/or records, information about sexual assault/abuse, information about child abuse and neglect, and domestic abuse of an adult with a disability.

______________ ______________________________

Date Patient (12-17) Signature

______________ ______________________________

Date Witness Signature Relationship to Patient

(Signature of witness other than parent/legal guardian must be over 18 years of age)