



mychart.eehealth.org

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, fax to 331-221-2390 or email to mychart.activation@eehealth.org.

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

This section should be completed by the individual reque	esting access to a ch	ld's MyChart record.		
Name (last, first, middle initial)		Date	Date of Birth	
Last 4 Digits of Social Security Number(optional)	Email			
Street Address	City	State	Zip	
Phone Number	Primary P	Primary Physician		
Age Range Limitations State and Federal law restricts parental access to certain moview will depend on the age of your child. You may be alsubmitting a written request using a Release of Information EEHealth.org/medical-records.	llowed to request ad	ditional information on paper o	r other electronic format by	
 If your child is age 0-11: You will be granted full access If your child is age 12-17: You will be granted partial full access to your minor child's MyChart record (e.g. Once your child reaches age 18, you will no longer has 	access to your child appointment sched	s MyChart record. Please use the uling, immunizations)	e Minor Proxy Form to be gra	
Child Information Please provide the following information for each child: (like proxy access, please print an additional form).	All fields are require	d. If you have more than four c	nildren for whom you would	
Child 1 Name (last, first, middle initial)				
Date of Birth		Gender Male Fema	ıle	
Street Address	City	State	Zip	
Child 2 Name (last, first, middle initial)				
Date of Birth		Gender Male Fema	ıle	
Street Address	City	State	Zip	
			Continued on next	





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Child 3 Name (last, first, middle initial)				
Date of Birth	Gender	Gender Male Female		
Street Address	_City	State	Zip	
Child 4 Name (last, first, middle initial)		_		
Date of Birth	Gender	Gender		
Street Address	City	State	Zip	
MyChart Terms and Agreemen	t			
 I understand that MyChart is intended as a secure online person may be able to view my or my child's health information. I agree that it is my responsibility to select a confidential been compromised in any way. I understand that MyChart contains selected, limited my the medical record. I also understand that a paper copy of a understand that my activities within MyChart may be I understand that access to MyChart is provided by Edw deactivate access to MyChart at any time for any reason. MyChart proxy. 	rmation, and health information about someone password, to maintain my password in a secure edical information from a patient's medical record a patient's medical record may be requested from tracked by computer audit and that entries I may arrd-Elmhurst Health as a convenience to its patential.	e who has authorized me as a N manner, and to change my pa rd and that MyChart does not from the patient's clinic. ake may become part of the pat tients and that Edward-Elmhur	MyChart proxy. ssword if I believe it may have reflect the complete contents of tient's medical record. st Health has the right to	
 I understand that even though I may only be a patient of other provider as both providers jointly share MyChart. 	•	·	nation will be shared with the	
By signing below, I acknowledge that I have read and un	derstand this MyChart Sign-Up Form and I agr	ee to its terms.		
Access to children's online record is on	lly available to parents or indiv	iduals with legal gr	uardianship	
I have read and understand the requirements and pathis document.	procedures for accessing my children's	medical record information	on online as provided in	
I certify that I am the parent or legal guardian of th I hereby request access to my children's online hea		all information I have pro	ovided is correct.	
>	/		/	
Signature of Parent/Guardian	Relationship to Pa	atient	Date (Required)	