

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 requesting access to a child's MyChart record.

Name (last, first, middle initial) _____ Date of Birth _____
Last 4 Digits of Social Security Number(optional) _____ Email _____
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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