

MyChart Proxy Access Sign-Up Form - HIM

NAME OF PATIENT	DATE OF BIRTH
NAME OF PROXY PARENT, LEGAL GUARDIAN, ADULT	DATE OF BIRTH
STREET ADDRESS	CITY/STATE/ZIP
PROXY E-MAIL	PROXY PHONE NUMBER
SIGNATURE (ONLY REQUIRED IF YOU GIVE YOUR TEEN AGES 14-17 ACCESS TO THEIR OWN MYCHART ACCOUNT)	PROXY SOCIAL SECURITY NUMBER

If you are requesting proxy access, check one of the boxes below. Note that for all types of proxy access, the patient's chart will be accessed through your MyChart account.

PLEASE CHECK ONLY ONE BOX

- Adult to Adult** (Access to another adult's MyChart record). The patient must sign this form and provide authorization for release of medical information in MyChart on the ***Adult Proxy Authorization For Release of Information***.
- Adult to Child/Teen** (Access to your minor child's MyChart record). Note the following age range limitations for MyChart.

These age range limitations do not affect any legal right you have to access your child's record by other means.

- If your child is age 0-13, you will be granted full access to your child's MyChart record.
- If your child is age 14-17, you will be granted full access to your child's MyChart record with your teen's approval and signature below. Approval for access is due to privacy laws. **Please note: Parent signature above authorizes your child ages 14-17 access to their online medical record information.**
- Once your child reaches age 18, you will no longer have access to your child's MyChart record.
- While CHW has taken efforts to remove sensitive information from MyChart, there may be sensitive information available in MyChart. This means my proxy will have access to records that may include information relating to the diagnosis and/or treatment of mental illness, alcohol/drug abuse, tobacco use, STD's, HIV test results, adolescent health, developmental disabilities and genetic testing results.

_____ Teen Signature

_____ Date

- Legal Guardian** (documentation required). Access to your child's/ward's MyChart record.
- Legal Guardian (court order)
 - Power of Attorney for Healthcare (activation)
 - Other: _____



MyChart Proxy Access Understanding Agreement

I understand that:

- MyChart is meant to be a secure, online source of my personal health information. If I share my login ID and password with someone, that person may be able to see health information about me, my child or someone who has authorized me as a MyChart proxy.
- My password is my responsibility. I will keep my password a secret. I will change my password if I believe someone has access to it.
- MyChart does not include the complete contents of the medical record. I can ask for a copy of a patient's medical record. There may be a fee for copies. Health Information Management (HIM) at Children's Hospital Wisconsin can help with these requests.
- Children's Hospital of Wisconsin may track activities within MyChart via computer. Entries I make may become part of the medical record.
- Children's Hospital of Wisconsin provides access to MyChart as a convenience to patients and families, and has the right to revoke access to MyChart at any time, for any reason.
- It is up to me whether I use MyChart. I am not required to use MyChart. I am not required to authorize another person to access MyChart account.
- It is my responsibility to keep my E-mail address current at all times in the MyChart system. If my E-mail is not current, I will not receive important messages from Children's Hospital of Wisconsin via MyChart.

For MyChart sign-up and all types of proxy access:

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

Signature

Date

Relationship to Patient

Mail or fax all forms to: Children's Hospital of Wisconsin
Health Information Management
PO Box 1997
Milwaukee, WI 53201
Fax: (414) 266-6316