

## MyChart Proxy Application for Adolescent Patients – Age 12-17

Completing this form allows someone else (a “proxy”) to be able to access all of a patient’s health record via MyChart. To request proxy access, please complete this form and return it to a staff member or to the fax number or email address below. **One application is required for each proxy request.**

**I understand** that as a proxy:

- *I must log into my MyChart account with my own username and password to access the patient’s information.*
- *BJC/Washington University may revoke access to this electronic access at any time deemed appropriate.*

### **PATIENT’S INFORMATION**

Patient’s legal name (First Middle Last) \_\_\_\_\_

Patient’s date of birth \_\_\_\_\_

Patient’s address \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_

Patient’s **unique personal** email address \_\_\_\_\_

Patient’s phone number \_\_\_\_\_

### **PROXY APPLICANT’S INFORMATION (Parent or Guardian)**

Proxy’s legal name (First Middle Last) \_\_\_\_\_

Proxy’s date of birth \_\_\_\_\_

Proxy’s address \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_

Proxy’s phone number \_\_\_\_\_

Proxy’s email address \_\_\_\_\_

Proxy Social Security number (last 4 digits acceptable) \_\_\_\_\_

*I attest that I am a parent or guardian with the right to access my child’s protected health information. If I am no longer a parent or guardian with legal authority to access my child’s account, I will immediately stop using my proxy access through MyChart, and I will alert the MyChart support team to turn off my access.*

Signature of proxy applicant \_\_\_\_\_ Date \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_

## MyChart Proxy Application for Adolescent Patients – Age 12-17 (continued)

### **PARENTS OR GUARDIAN OF PATIENT AGES 12-17**

If you are a parent/guardian of a minor child who is between 12-17 years of age and wish to have online access to portions of their record, the minor child must be present when requesting access and must sign the request form. Under state law, we are required to keep confidential certain types of health information & services provided to minors and can only disclose this information with the minor patient's permission.

Parent/guardian access via MyChart will be revoked when:

- Parent/guardian submits a request to revoke online access.
- Patient turns 18, at which time the patient is no longer a minor.
- Patient revokes your proxy access via their MyChart account.

### **PATIENT MUST SIGN AND INITIAL BELOW**

*I agree to allow my parent/guardian to look at all of my health information. I understand that if my record has information about certain services like testing for pregnancy, HIV or AIDS or sexually transmitted infections, counseling about birth control, or prescriptions for birth control and/or alcohol or drug use/abuse, my parent/guardian will be able to see this information.* \_\_\_\_\_ Patient Initials

*I understand I can stop my parent/guardian from looking at this at any time by revoking their proxy access via my own MyChart account or by contacting MyChart Support for assistance.* \_\_\_\_\_ Patient Initials

Signature of patient allowing access \_\_\_\_\_

Printed name of patient \_\_\_\_\_ Date: \_\_\_\_\_

### **PATIENT'S HEALTH CARE PROVIDER MUST ATTEST AND SIGN BELOW**

By signing this form below, I attest that I am the established primary care provider of, or a health care provider in an ongoing/continuous treatment relationship with, the patient identified above. I have counseled the patient identified above regarding this form and the meaning of this request, including proxy access. I discussed the following with the patient:

- The patient's account is for their personal use only. The patient should never give their username or password to anyone.
- If the patient wants another individual (including their parents/guardians) to have access to their MyChart account, they should grant proxy access to that individual. A new proxy application will need to be submitted.
- If proxy access to the patient's account is appropriate, the patient has the right to revoke access (including parental/guardian access) at any time by logging in to their MyChart account.
- The patient understands that their parent/guardian can see diagnosis and treatment information related to private medical issues through proxy access.

Approving provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving provider's name: \_\_\_\_\_ Office phone: \_\_\_\_\_

Office name and address: \_\_\_\_\_

**MyChart Proxy Application for Adolescent Patients – Age 12-17** *(continued)*

**NON-PARENT APPLICANTS** What is your relationship to the patient?

Power of Attorney     Guardian     Other \_\_\_\_\_

*If you checked any of the relationships above, an explanation of the relationship and any paperwork supporting your request must be attached before the application will be processed. A member of our team will contact you in the event additional documentation is needed.*

Signature of Non-Parent Applicant \_\_\_\_\_ Date \_\_\_\_\_

Upon approval of your request, you will receive a MyChart activation code along with instructions on how to sign up for MyChart and create your own MyChart account. If you already have a MyChart account, you can access your proxy's chart from your existing MyChart account.

**Please return this form by fax or email:**

**Fax:** 314-273-0394

**Email:** [gs-MyChartProxy@bjc.org](mailto:gs-MyChartProxy@bjc.org)

**Documents can also be mailed to:**

BJC HIM MyChart Proxy  
One Children's Place PL20  
St. Louis, MO 63110

*See next page for frequently asked questions about MyChart proxy access*

## **FREQUENTLY ASKED QUESTIONS ABOUT MYCHART PROXY ACCESS**

### **What is proxy access?**

Proxy access for this age range gives parents and guardians access to information for their children. Through proxy access, parents and guardians can keep track of vaccination records, growth charts, test results, diagnoses, and medical instructions, communicate with a child's care team, schedule certain appointments, and much more.

### **Why can't I automatically access my adolescent's record?**

Under state and federal laws, there are designated pieces of medical information that even the adolescent's parents or guardians may not view without that adolescent's consent. These age ranges comply with regulations designed to protect the privacy of adolescent patients. Your child should discuss proxy access with their care provider so that the provider can explain the full implications of proxy access

### **Why do I no longer have access to my adolescent's record?**

Access to an adolescent's MyChart account automatically expires when they turn 18 years old. You will receive reminder notifications in MyChart that your access will be expiring. When your child turns 18 years old, they can grant you proxy access from their own MyChart account. Adolescents can terminate a proxy's access at any time from their own MyChart account.

### **Why does a doctor/provider need to sign this request?**

We want to ensure that adolescents are fully informed about the implications of sharing medical information with a parent or guardian. Involving the adolescent's provider in the proxy request process ensures that:

- A conversation between the adolescent and their provider has taken place.
- The adolescent makes a fully informed decision about sharing their medical information with a parent or guardian.
- The adolescent's decision protects and supports their interests.

**Want to learn more?** Go to [mypatientchart.org](http://mypatientchart.org) and click the "FAQs" link at the bottom of the page.