

Child under 12 Proxy Form

MyChart is a service provided by OSF Healthcare System.

Access to Your Child's MyChart Account

To request access to your child's MyChart account, please complete this MyChart Child under 12 Proxy Form. Please note that your child's account will be accessed through your (the proxy's) MyChart account. Completion of this form is required before we can establish a MyChart account for you and your child. Return the completed form to your healthcare representative.

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

Name (*last, first, middle initial*) _____
Last Four Digits of Social Security Number: XXX-XX-____ Gender: _____ Male _____ Female
Date of Birth: _____ Phone Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____

Please 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. To request a paper copy of your child's record, please contact the facility where care was provided to obtain record copies.

- If your child is **age 0-11**: You will be granted full access to your child's MyChart account.
- Due to federal and state laws, when a child reaches the age of 12, access to their MyChart account will become limited for all users. To regain full access, the **Child 12-17 Proxy Authorization Form** must be completed and returned to your healthcare representative. Proxy request forms for full access are available in the office/clinic or during hospitalization.
- Limited access will only include views of allergies and immunizations on file.

Please provide the following information for your child: (All fields are required. If you have more than one child for whom you would like proxy access, please request another form.)

Name (*last, first, middle initial*): _____ Date of Birth: _____
Provider's Name: _____

MyChart Terms and Agreement

- I understand that OSF Healthcare System has been contracted by my provider to provide MyChart.
- 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 complete medical record may be requested from the applicable provider.
- 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 OSF Healthcare System has been contracted to provide me with access to MyChart and that OSF Healthcare System and/or my physician has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- By signing below, I acknowledge that I have read and understand this form and I agree to its terms. I further agree to any and all current and future terms and conditions noted on the MyChart site.



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Signature of Parent/Legal Guardian

Relationship to Patient

Date (Required)