

# MyChart Adolescent Proxy Request

(Proxy Access for minors age 13+ years)

## 1. Adolescent Patient Information

Patient Name (last, first, middle initial)	Date of Birth	Medical Record Number (Optional)	
Street Address	City	State	Zip
Email Address		Phone Number	

## 2. Proxy Information (Parent/Guardian)

Proxy Name (last, first, middle initial)	Date of Birth		
Street Address	City	State	Zip
Email Address		Phone Number	

Does the proxy have an active MyChart account?  Yes  No

Has the proxy ever been a patient at one of our health care facilities?  Yes  No

### Adolescent Proxy Consent and Directed Access

**Select which accounts are being requested:**

- Parent/Guardian Proxy of Adolescent:**
- The adolescent patient is required to sign the form to provide authorization for release of their medical information to the parent/guardian
  - Authorization for proxy access is valid until the adolescent reaches the age of majority in the state
- Adolescent Patient Account**
- The parent/guardian is required to sign the form to provide authorization for release of the medical information to the adolescent patient

If both accounts are being requested, both parties are required to sign this form

### Background Information:

Generally, adolescents (teenagers) from 13 years old through the state's age of majority, may have the right to control some types of health information about them and gives parents/guardians the right to control

Patient Name: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_\_\_

other types of information about their adolescent children. Because of this, if a parent/guardian wants to have full access to their adolescents' health information, the adolescent must consent and direct that their access rights be given to the parent/guardian. In the same way, if adolescents want full access to all their health information (including the information controlled by the parent/guardian), the parent must consent and direct their access rights be given to the adolescent. This form can be used for both types of consent/directed access.

**Note that state law may control the access discussed in this request. State law may allow access to the parent until the adolescent reaches the age of majority, obtains adult rights as recognized by the state, or reaches other milestones identified in the law.**

**To the Adolescent Patient (Parent/Guardian Proxy):**

Your parent/guardian is requesting access to all your health information, including the information you control under state law. For that to happen, you must give permission for your parent/guardian to see ALL your medical information in the patient portal.

The information you can view in the patient portal includes:

- Identifying information (name, date of birth, ethnicity, phone number, email address, etc.)
- Medical treatment, including treatment for sexually transmitted diseases, pregnancy, birth control, HIV/AIDs, mental health, substance abuse disorder, etc. It may list prescribed medicines, including birth control or medicines to treat sexually transmitted diseases.

You have the right to revoke (take back) your consent for your parent/guardian to see your information at any time. You can revoke your consent by contacting your healthcare organization and completing a "Revocation of Patient Portal Access" form. If you revoke your consent, your parent/guardian will not be able to see ANY medical information about you in the patient portal. The computer system cannot segment (separate out) the information that you control under state law from the information that your parent/guardian controls.

**To the Parent/Guardian (Adolescent Patient Account)**

Your adolescent child/ward is requesting access to all their information, including the information you control under state law. For that to happen, you must give permission for your adolescent to see ALL their medical information in the patient portal.

Please review the types of information that are available in the patient portal, listed above.

You have the right to revoke (take back) your consent for your adolescent to have access to all their information at any time. You can revoke your consent by contacting your healthcare organization and completing a "Revocation of Patient Portal Access" form. If you revoke your consent, your adolescent will not be able to see ANY medical information in the patient portal. The computer system cannot segment (separate out) the information that you control under state law from the information that your adolescent controls.

Patient Name: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_\_\_

**Adolescent's Consent / Directed Access Request (Parent/Guardian Proxy):**

I hereby consent and direct that my parent/guardian whose name is listed above have access to ALL my health information in the MyChart patient portal, including the information that I control.

Adolescent Signature (Required)	Date (Required)
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**Parent/Guardian's Consent / Directed Access Request (Adolescent Patient Account):**

I hereby consent and direct that the adolescent whose name is listed above have access to the health information about the adolescent that I control within the MyChart patient portal.

Parent or Legal Guardian Signature (Required)	Date (Required)
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<b>For Office Use Only:</b>	Date Granted	User's Initials
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