

## MyChart Adolescent Proxy Form

To sign up for proxy access to the MyChart record for a patient between 12 and 18 years old, (“Adolescent”) please complete both pages of this Adolescent Proxy Form. Please note that the Adolescent’s record will be accessed through your own MyChart record. Access to an Adolescent’s online record is only available to the birth parents or individuals with legal guardianship.

Under State and Federal law there are certain types of medical information that the parent or guardian of an Adolescent may not view without the consent of the Adolescent. Because of these requirements, a parent or legal guardian may access the Adolescent’s MyChart record only with the Adolescent’s consent. Both the Adolescent and the parent or legal guardian must sign below. Forms may be dropped off at your physician’s office or faxed to Medical Records at 312.926.6153. You may also email them at [himmedrc@nm.org](mailto:himmedrc@nm.org).

Obtaining proxy access to MyChart Bedside will also result in proxy access for MyChart. You will be granted partial access to your Adolescent’s MyChart record (e.g., upcoming appointment, appointment requests, immunizations, allergies, billing information, growth charts and messaging). Once your Adolescent reaches 18, you will no longer have access to your Adolescent’s MyChart or MyChart Bedside records unless your Adolescent signs a MyChart Adult Proxy Agreement and MyChart Adult Proxy Authorization.

This Proxy Access expires when the Adolescent turns 18 unless access is previously revoked by Adolescent.

### **Patient Information**

Please provide the following information for the Adolescent: (All fields are required. A separate form must be completed for each Adolescent.)

Name (first, middle initial, last) \_\_\_\_\_

Gender: Male / Female      Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Parent/Guardian Information** (All sections required)

The section should be completed by the individual requesting access to an Adolescent’s MyChart record.

\_\_\_\_\_  
Name (first, middle initial, last)

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Email \_\_\_\_\_ Phone number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

I have read and understand the term and conditions (below) for accessing the Adolescent’s MyChart record. I also  
Adolescent Proxy Form –



pregnancy, or marriage), an Adolescent revoke proxy MyChart access provided under this agreement.

- I understand that additional terms and conditions applicable to my use of MyChart are set forth on the MyChart Portal, and I agree that my use of MyChart constitutes acceptance of these terms and conditions.