

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete both pages of this Child Proxy Form and return it to the address shown below. Please note that your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child.

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

Name (last, first, middle initial): _____
Date of Birth: _____ Phone Number: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Primary Clinic: _____

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, contact your child's primary care clinic.

- If your child is age 0-11: You will be granted full access to your child's MyChart record.
- If your child is age 12-17: In order to be compliant with Minnesota law, you will be granted partial access to your child's MyChart record (e.g., appointment scheduling, immunizations).
- Once your child reaches age 18, you will no longer have access to your child's MyChart record.

Please provide the following information for each child. All fields are required. If you have more than four children for whom you would like proxy access, please request another form from your clinic.

1. Name (last, first, middle initial): _____
Date of Birth: _____ Primary Clinic: _____
2. Name (last, first, middle initial): _____
Date of Birth: _____ Primary Clinic: _____
3. Name (last, first, middle initial): _____
Date of Birth: _____ Primary Clinic: _____
4. Name (last, first, middle initial): _____
Date of Birth: _____ Primary Clinic: _____

Remember to complete page 2 of this form

MyChart Terms and Agreement

- 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 medical record may be requested from the patient's clinic.
- I understand that my activities within MyChart will be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided as a convenience to patients and that North Memorial Health /Maple Grove Hospital 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 MyChart Sign-Up Form and I agree to its terms.

Signature of Patient/Guardian

Relationship to Patient

Date (required)