

## 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 248-620-9334.

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 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 certify that I am the parent or legal guardian of the Adolescent listed on this form and that all information I have provided is correct. This proxy form is valid until revoked or otherwise expires.

Adolescent Proxy Form - Updated 9/16/22

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Parent/Legal Guardian

Relationship to Patient

Date

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**For Adolescent**

I consent to allow my parent or legal guardian, named above, access to my MyChart record that contains my medical information currently available and that may become available as a result of future medical care. I understand that I can revoke this access at any time. If I do not revoke access or otherwise notify Premiere Pediatrics of my emancipated status, my parent or legal guardian will have access until my 18<sup>th</sup> birthday.

I understand that the following items may be disclosed along with other health information in my medical record including information related to HIV/AIDS, behavioral or mental health, developmental disabilities, treatment for substance use disorder, genetic testing and counseling, artificial insemination, sexual assault/abuse, domestic abuse of an adult with a disability, child abuse and neglect, sexually transmitted illnesses, pregnancy, and birth control.

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Adolescent Signature

Date

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Witness Signature (anyone other than parent or Adolescent)

Date

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Witness Printed Name

**MyChart Terms and Conditions:**

- I understand that MyChart should never be used for urgent matters. If I am experiencing a life-threatening illness or injury, I will go to the nearest hospital emergency department and/or dial 9-1-1 for immediate attention.
- 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 the Adolescent'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 my activities within MyChart may be tracked by computer audit and that entries I make may become part of the Adolescent's medical record.
- I understand that access to MyChart is provided by Premiere Pediatrics as a convenience to its patients and that Premiere Pediatrics 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. I also understand that, under certain circumstances (e.g., Adolescent's emancipation, pregnancy, or marriage), an adolescent may revoke MyChart access provided under this agreement.