

## **MyChart Adolescent Proxy Form**

To sign up for proxy access to the MyChart record for a patient between 12 and18 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.

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**

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

Relationship to Patient	Date
For Adolescent	
legal guardian, named above, access to my Nand that may become available as a result of time. If I do not revoke access or otherwise legal guardian will have access until my 18th	f future medical care. I understand that I se notify Northwestern Medicine of my
titems may be disclosed along with other how the second of HIV/AIDS, behavioral or mental health, distingtion and counseling, artificial insemination, buse and neglect, sexually transmitted illnessecond.	levelopmental disabilities, treatment for , sexual assault/abuse, domestic abuse of
	Date
(anyone other than parent or Adoles	scent)
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	For Adolescent  legal guardian, named above, access to my legal that may become available as a result of time. If I do not revoke access or otherwing legal guardian will have access until my 18th in items may be disclosed along with other hear the HIV/AIDS, behavioral or mental health, contesting and counseling, artificial insemination buse and neglect, sexually transmitted illnessed

certify that I am the parent or legal guardian of the Adolescent listed on this form and that all information I have

## **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 Northwestern Medicine as a convenience to its patients and that Northwestern Medicine 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 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.