

This form should be completed by a parent or permanent legal guardian ("Proxy") who wants access to portions of their child's electronic protected health information ("ePHI") through MyChart, maintained by Community Health Systems and affiliated physicians. The Proxy will need to provide photo ID and any other required documentation before Proxy access will be granted.

There are age range limitations for MyChart Proxy access. These age range limitations do not affect any legal right I have to access the Child's record by other means. I can request a paper copy of the Child's record by contacting the Health Information Management department.

## Select the type of Proxy Access you are requesting below:

- For Minor Access (0-11): Please check box if your child is under the age of 12. For a child age 0 to 11 years, you will be granted full access to the Child's MyChart account. On the Child's 12th birthday, you will no longer have full access to the Child's MyChart account and your access will downgrade to Teen Default Access (12-17).
- For Teen Default Access (12-17): Please check this box if your child is between the ages of 12 and 17. Proxy access is limited to ensure privacy for our teen patients in accordance with state laws around teen confidentiality rights. Proxy will be able to view teen's upcoming visits with providers and message providers on behalf of teen. In order for you to have full access to your teen's MyChart account, your teen will need to complete a separate authorization form, Teen Authorization for MyChart Proxy (Full Teen Access).
- Patients without Decision-Making Capacity (12-17 years old): Please provide a letter from the provider confirming the patient is without decision-making capacity or documentation in the medical record, written by the provider, supporting the patient's inability to make decisions.

## Child/Teen's ("Patient") Information - one form per child/teen

NO

Patient's Name:			
DOB:	Phone:		
Address/City/State/Zip:			
Parent/Permanent Legal Guardia	n ("Proxy") Information		
In order to view the Child/Teen's ("Patier	t's") information, the Proxy must also obtain their own MyChart account.		
Proxy's Name:	DOB:		
Address/City/State/Zip:			
Email address (required):			
	Phone:		
	e an existing MyChart account. It uniquely identifies the Proxy individual. uired if the Proxy has an existing MyChart account.		
Health Information Manage Proxy Access Request to MyChart Accour	a Minor's		
	AL - MEDICAL RECORDS		

**COPY - PATIENT** 

## My Relationship to the Child/Teen is:

Birth Parent

Adoptive Parent

Other: list

Permanent Legal Guardian – Must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the Proxy status as permanent legal guardian of the patient. There must be no court orders in effect limiting or denying Proxy's access to the patient's medical records and/or information; if your parental or legal guardianship rights change, you must notify Community Health Systems.

**By submitting this form, I attest to the accuracy of the information provided and agree that** I will be using my own MyChart account to access the Child/Teen's MyChart account and I will comply with the MyChart Terms and Conditions for use of MyChart, available upon activation of a MyChart account.

Date/Time	Proxy Signature		Print Name	
Return the complete Community Health S Mail: P.O. Box 1232, Fax: (559) 459-2412	Systems, Attn: HIM Fresno, CA 93715	Department (Proxy)		
For Official Use:   CRMC   CCMC   FHSH      Physician Office – List Office:				
1. Proxy ID Verified:	Yes Date: _			
2. Print name and phone # of person verifying Proxy ID:				
3. Date Proxy Acces	ss activated:	Print Name:		

Health Information Management **Proxy Access Request to a Minor's MyChart Account**