



Medical Record No.  
Patient Name  
Birthdate  
Physician  
Please align patient label to the right

Proxy Form (Guardian Power of Attorney 12 and Over)

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## Guardian1 Power of Attorney Access to the Online MyChart Record of a Patient Age 12 or Older

### Requirements and Procedures

If a patient is 12 or over and does not have capacity to sign the authorization, the patient's authorized representative such as a legal guardian or a person with legal authority may sign and access the patient's online MyChart. This request must be accompanied by a copy of the legal paperwork verifying the authority of the patient's personal representative (i.e. birth certificate, court order, power of attorney for health care).

Requirements for accessing a patient's record:

- Individual requesting access must have legal guardianship or other authorization to act on behalf of the patient
- **Guardian/POA** Access Authorization form must be completed and signed
- Appropriate Guardianship, Power of Attorney or other documentation must be provided
- Each individual requesting access must have his-or her own MyChart account
- Should Guardianship or your authority to act on behalf of the patient be revoked or limited you are responsible to report this information immediately to Ann & Robert H. Lurie Children's Hospital of Chicago or your independent physician practice

I understand that:

- I must have a MyChart account
- I must log in to MyChart with my own User ID & Password
- I must click on 'My Family's Records' to access the patient's medical information
- I agree to abide by the terms and conditions of the MyChart site
- **MyChart is not appropriate to be used in emergency situations.**

Legal **Guardian/POA** access to a patient's record is revoked when:

- MyChart access to the patient's record will be revoked **when/if** Guardianship changes or other rights expire or are terminated
- Legal Guardian or patient access disputes cannot be resolved

Communications on behalf of the patient must be sent **from** the patient's record; responses will be posted in the patient's record. MyChart e-mail alerts will be sent to the e-mail address entered in the patient's record.

If you already have a MyChart account, you will receive a letter notifying you that access to the patient's record is available, typically **5-7** business days. You will be granted access to the record only after the **Guardian/Power** of Attorney Access Authorization form and any other required documentation is received.

If you do not have a MyChart account, upon submitting your electronic request a MyChart Activation Letter with Access Code and instructions will be mailed to you typically in **5-7** business days. Access to MyChart will be granted upon **Lurie** Children's or your independent physician practice receiving the completed **Guardian/Power** of Attorney Access Authorization. If you do not activate your account within 60 days after receiving your MyChart Activation Letter, the patient's account will be inactivated.



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**Guardian/Power of Attorney Access to the Online MyChart Record of a Patient  
Age 12 or Older - Authorization Form**

Please enter Patient's information below:

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

To be notified when new messages about patient's care are sent to **MyChart**, please list an **email** address:

Please enter Legal Guardian/POA information below:

Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number on file: \_\_\_\_\_

Please check the authorizing party's relationship to the patient:

- Parent of a disabled patient\*\*
- Legal Guardian of a disabled adult patient\*\*
- Durable Power of Attorney for Healthcare for a disabled adult
- Durable Power of Attorney for Healthcare
- Birth certificate
- Other \_\_\_\_\_

**\*\* This request MUST be accompanied by a copy of the legal paperwork verifying the authority of the patient's personal representative (i.e. birth certificate, court appointed guardian, durable power of attorney for health care)**

Do you (parent/legal guardian/POA) have an active MyChart account? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

I have read and understand the requirements and procedures for accessing a patient's medical information online as provided on page one of this document titled, **Guardian/POA** Access to the Online Medical Record of a Patient Age 12 or Older. I certify that I am the legal guardian or legal representative of the patient listed above and that **all** information I have provided is correct. I hereby request access to the patient's online record.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal **Guardian/POA** Signature

Please send this completed form via postal mail or fax to your child's primary clinic location.