



Medical Record No.  
Patient Name  
Birthdate  
Physician

Proxy Form (12-17)

Please align patient label to the right

## Parent/Guardian Access to the Online My Chart Record of a Patient 12 to 17 Years Old

### Requirements and Procedures

Under State and Federal law there are certain types of medical information that the parent or guardian of a minor patient age 12-17 may not view without **consent** of the minor patient. Because of these requirements, a parent or legal guardian may access the online MyChart record of a patient 12-17 years old only with the patient's consent. Both the child aged 12-17 and the **parent/legal** guardian must sign the attached form (below).

Requirements for accessing a child's record:

- Parent or guardian requesting access must have legal guardianship rights
- 9 **Parent/Guardian** Access Authorization form must be completed and signed
- 9 Each parent or individual requesting access must have **his/her** own MyChart account.

I understand that:

- 9 I must have a MyChart account
- I must log in to MyChart with my own User ID & Password
- 9 I must click on 'My Family's Records' to access my child's medical information
- 9 I agree to abide by the terms and conditions of the MyChart site
- **MyChart is not to be used in emergency situations.** If I have a medical emergency or have a question about medical care or treatment, I will contact my health care provider directly.
- 9 This site is not a substitute for appropriate and timely contact with my physician.

Parent/Legal Guardian access to a child's record is revoked when:

- 9 **Parent/legal** guardian or patient submits a request to revoke online access
- Patient turns 18 years old
- 9 Patient **advises** Ann & Robert H. Lurie Children's Hospital of Chicago or **his/her** independent physician practice of emancipated status
- 9 **Parent/parent** or **parent/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 completed **Parent/Guardian** Authorization form 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 accessible upon Lurie Children's or your independent physician practice receiving the completed **Parent/Guardian** Authorization form. If you do not activate your account within 60 days after receiving your MyChart Activation Letter, your account will be inactivated.



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### Parent/Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old - 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 the patient's care are sent to MyChart, please list an e-mail address:

Please enter Parent/Legal Guardian information below:

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

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

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

Relationship to patient: P a r e n t \_\_\_\_ Legal Guardian \_\_\_\_ Other (please specify: \_\_\_\_\_)

Note: Access to patient's online record is only available to parents or **individuals** with legal guardianship.

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

I have read and understand the requirements and procedures for accessing my child's medical record information online as provided on page one of this document titled, **Parent/Guardian** Access to the Online MyChart Record of a Patient 12 to 17 Years Old. I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to my child's online record. This authorization is valid until it is revoked or otherwise expires.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

#### For Patient (12-17)

I authorize the release of information covering the **period(s)** of healthcare starting with the first date of service that information became available in the Lurie Children's online system (laboratory results as early as **2002** and medical imaging starting **2004**) to my **18** Birthday - Date (   ).

I agree to allow my **parent/legal** guardian, named above, online access to my medical information currently available and that may become available as a result of future medical care. I understand I may revoke this access at any time.

I understand that the following items may be disclosed along with other health information in my medical record: **HIV/AIDS** related health information **and/or** records, behavioral or mental health information **and/or** records, information about sexually transmitted disease (STD), pregnancy, birth control, **drugs/alcohol** diagnosis, treatment, **and/or** referral information, genetic testing information **and/or** records, information about sexual **assault/abuse**, information about child abuse and neglect, and domestic abuse of an adult with a disability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature  
(anyone other than parent or patient may witness)

\_\_\_\_\_  
Witness Printed Name



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

**Milestone Pediatrics  
4043 Route 59  
Naperville, IL 60564  
Fax: 630-420-8957**