



Medical Record No.
Patient Name
Birthdate
Physician

Please align patient label to the right

Proxy Form (12-17)

MyChart: Authorization for Proxy Access to Minor Patient Account Ages 12-17

To request access to the MyChart record of a minor patient whose medical care you help manage, please complete this form. A "Proxy" may be a patient's parent, legal guardian or Power of Attorney. The Proxy will be able to access portions of the health record, including the following items, which may be expanded or changed from time to time by Lurie Children's: Immunizations, Problem List, Medications, Allergies, History, and messages with the patient's providers.

State and Federal laws require the consent of the patient before the release of certain types of medical information to a parent, guardian or proxy, beginning at age 12. This type of information may be very sensitive or private. Because of these legal requirements, both the minor patient and the Proxy must sign this Authorization form. This Proxy Access expires when the patient revokes (takes back permission).

Patient Information:

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.

Proxy Information:

Check Box: _____ Parent _____ Legal Guardian** _____ Power of Attorney**

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.

****A copy of the legal paperwork verifying the authority of the patient's personal representative (e.g., court appointed guardian documents, durable power of attorney for health care) must be accompany this form.**

Patient Signature (Ages 12-17)

Date

Proxy Signature

Date