BJC HealthCare

Washington University Physicians®

MyChart Application For Patients Ages 12-17 Years

(required for an adolescent to get their own MyChart account)

Completing this form allows an adolescent patient (the Patient) to access portions of his/her health record via MyChart. The Patient understands that BJC/Washington University may revoke access to this electronic portal at any time deemed appropriate. Please complete this form and return it to a staff member who will provide you with a MyChart account activation code or fax to BJC HIM MyChart Proxy at 314-273-0394 or email to gs-MyChartProxy@BJC.org.

STAFF: Upon receiving a completed application form from the Patient, please generate a MyChart activation code for the Patient's use only. Refer to the "MyChart Activation" tip sheet for instructions.

PATIENT'S INFORMATION

Name of patient (first, middle, last) ______________________________

Patient's address ______________________________

City, State, Zip Code ______________________________

Patient's phone number ______________________ Patient's date of birth ______________________

Patient's email (must be the patient's personal email) ______________________________

Patient's Social Security number (required for account creation) ______________________________

Patient's signature ______________________ Date ______________________

PATIENT'S HEALTH CARE PROVIDER MUST ATTEST AND SIGN BELOW

By signing this form below, I attest that I am the established primary care provider of, or a health care provider in an ongoing/continuous treatment relationship with, the patient identified above. I have counseled the patient identified above regarding this form and the meaning of this request, including proxy access. I discussed the following with the patient:

- The patient's account is for his/her use only. The patient should never give his or her login or password to anyone.
- If the patient wants another individual (including his or her parents/guardian) to have access to his or her MyChart account, he or she should grant proxy access to that individual.
- If proxy access to the patient's account is appropriate, the patient has the right to revoke access (including parental/guardian access) at any time by logging in to his/her MyChart account.
- The patient understands that his/her parent/guardian can see diagnosis and treatment information related to private medical issues through proxy access.

Approving provider's signature: ______________________ Date: ______________________

Approving provider's name: ______________________ Office phone: ______________________

Office name and address: ______________________________

Want to learn more? Go to MyPatientChart.org and click on the "FAQs" link at the bottom of the page.