

MyChart Proxy Application for Adolescent Patients Ages 12-17 Years

Completing this form allows someone else (a "Proxy") to be able to access portions of a patient's health record via MyChart. This application form can be used to request proxy access to another person's (e.g., a child's) BJC/Washington University MyChart account. To request proxy access, please complete this form and return it to a staff member or to the address below. ***I understand that:***

- *I must log in to my MyChart account with my own username and password to access the patient's information*
- *BJC/Washington University may revoke access to this electronic access at any time deemed appropriate*
- *The adolescent patient MUST have their own MyChart account before proxy access will be granted*

PROXY APPLICANT'S INFORMATION

Name of applicant (First Middle Last) _____

Applicant's address _____

City, State, Zip Code _____

Applicant's phone number _____ Applicant's date of birth _____

Applicant's email (used to send notification of proxy account) _____

Applicant's Social Security number (required for account creation) _____

PATIENT'S INFORMATION

Name of patient (First Middle Last) _____

Patient's address _____

City, State, Zip Code _____

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

PARENTS OR GUARDIAN OF PATIENT AGES 12-17 YEARS

If you are a parent/guardian of a minor child who is between 12 – 17 years of age and wish to have online access to portions of his/her record, the minor child must be present when requesting access and must sign the request form. Under state law, we are required to keep confidential certain types of health information and services provided to minors and can only disclose this information with the minor patient's permission.

Parent/guardian access via MyChart will be revoked when:

- Parent/guardian submits a request to revoke online access
- Patient turns 18, at which time the patient is no longer a minor
- Patient revokes your proxy access via their MyChart account
- Access or other disputes between the patient and his/her parents/guardians cannot be resolved

I attest that I am a parent or guardian with the right to access my child's protected health information. If I am no longer a parent or guardian with legal authority to access my child's account, I will immediately stop using my proxy access through MyChart, and I will alert the MyChart support team to turn off my access.

Signature of proxy applicant _____ Date _____

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PATIENT MUST SIGN AND INITIAL BELOW

I agree to allow my parent/guardian to look at all of my health information. I understand that if my record has information about certain services like testing for pregnancy, HIV or AIDS or sexually transmitted infections, counseling about birth control or prescriptions for birth control and/or alcohol or drug use/abuse my parent/guardian will be able to see this information. _____Patient initials

I understand I can stop my parent/guardian from looking at this at any time by revoking their proxy access via my own MyChart account. _____Patient initials

Signature of patient allowing access _____

Printed name of patient _____ 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 Proxy request.

Approving provider’s signature (required) _____

Approving provider’s name _____ Office phone: _____

NON-PARENT APPLICANTS What is your relationship to the patient?

- Power of Attorney Guardian Other _____

If you checked any of the relationships above, an explanation of the relationship and any paperwork supporting your request must be attached before the application will be processed. A member of our team will contact you in the event additional documentation is needed.

Signature of non-parent applicant _____ Date _____

Upon approval of your request, you will receive a MyChart activation code along with instructions on how to sign up for MyChart and create your own MyChart account. If you already have a MyChart account, you can access your proxy’s chart from your MyChart account.

Please return this form by fax or email:

Fax: 314-273-0394
Email: gs-MyChartProxy@bjc.org

Documents can also be mailed to:

BJC HIM MyChartProxy
One Children’s Place PL20
St. Louis, MO 63110

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FREQUENTLY ASKED QUESTIONS ABOUT MYCHART PROXY

What is Proxy Access for Adolescents ages 12 to 17 years years?

Through proxy access, parents and legal guardians can keep track of vaccination records, growth charts, diagnoses, and medical instructions, as well as communicate with an adolescent's care team. Due to legal considerations, proxy access for adolescents requires the consent of the adolescent along with the adolescent's primary or long-term care provider. Privacy concerns may prevent some adolescents from seeking health care. The adolescent and his/her care provider can discuss proxy access to determine if it is in the best interest of the adolescent to share his/her medical record with others.

Why can't I automatically access my adolescent's record?

Under state and federal laws, there are designated pieces of medical information that even the adolescent's parents or guardians may not view without that adolescent's consent. These age ranges comply with regulations designed to protect the privacy of adolescent patients. Your child should discuss proxy access with his/her care provider so that the provider can explain the full implications of proxy access

Why do I no longer have access to my adolescent's record?

Access to an adolescent's MyChart account automatically expires when he/she turns 18 years old. You will receive reminder notifications in MyChart that your access will be expiring. When your child turns 18 years old he/she can grant you proxy access from their own MyChart account. Adolescents can terminate a proxy's access at any time from his/her own MyChart account.

Why does a doctor/provider need to sign this request?

We want to ensure that adolescents are fully informed about the implications of sharing medical information with a parent or guardian. Involving the adolescent's provider in the proxy request process ensures that:

- a conversation between the adolescent and his or her provider has taken place
- the adolescent makes a fully informed decision about sharing his/her medical information with a parent or guardian, and
- the adolescent's decision protects and supports his/her interests.

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