



To sign up for access to your child’s MyChart record (or other child for which you have legal guardianship), please complete all pages of this **Child Proxy Form** and return it to your physician’s office or Wayne HealthCare- Health Information Management department.

Please note that your child’s chart will be accessed through your MyChart record.

Parent/Guardian Information (All sections required, please print clearly)

Last Name	First Name	Middle Name
Date of Birth	Last 4 digits of Social Security	Phone Number:
Address		
City	State	Zip
Email address:		
Do you currently have a My Chart Account? If so, at which office/clinic?		
If you are a guardian, please provide paper work to document this.		

Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child’s record by other means. To request a paper copy of your child’s record, contact your child’s primary care office/clinic.

- If your child is **age 0-11**: You will be granted full access to your child’s MyChart record.
- Once your child reaches **age 12**, you will no longer have access to your child’s MyChart record. Patients over the age of 12 may view their own health information independently.
 - If the patient over the age of 12 is disabled, please consult with your physician or office manager on special Proxy access in this case.



Please provide the following information for each child: (All fields are required.) If you have more than four children for whom you would like proxy access, please request another form.

Last Name	First Name	Middle Name
Date of Birth	Last 4 digits of Social Security	Phone Number:
Primary Office/Clinic where Proxy will be activated		

Last Name	First Name	Middle Name
Date of Birth	Last 4 digits of Social Security	Phone Number:
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Primary Office/Clinic where Proxy will be activated		

MyChart Terms and Agreement:

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or my child’s health information and health information about someone who has authorized me as a MyChart proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient’s medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient’s medical record may be requested from the patient’s clinic.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Premier Health Partners as a convenience to its patients and that PHP has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

▶ _____ / _____ / _____
 Signature of Parent/Guardian Relationship to Patient Date
 (Required)

▶ _____ / _____
 Witness Date
 (Required)

Office Staff:

1. Scan completed form to Media Manager
2. Scan needed guardianship information to Media Manager