

## MyChart Minor Proxy Form

To sign up for access to your minor's MyChart record, please complete both pages of this Minor Proxy Form. Please note that your minor's chart will be accessed through your own MyChart record. Completing this form will establish a MyChart record for you and for your minor (child from the age of 0-11 years). **Access to minor's online records is only available to the birth parents or individuals with legal guardianship.** Forms may be dropped off at your physician's office or faxed to Medical Records at 312.926.6153. You may also email them at [himmedrc@nm.org](mailto:himmedrc@nm.org). **Parent/Guardian Information** (All sections required – please print clearly.)

The section should be completed by the individual requesting access to a minor's MyChart record.

Name (first, middle initial, last) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_

### Age Range Limitations

- When your minor is age 0-11, you will be granted full access to your minor's MyChart record.
- Patients who are between the ages of 12-17 are considered adolescents. When your minor becomes an adolescent, you will be granted partial access to your adolescent's MyChart record based on state and federal law (e.g., upcoming appointments, appointment requests, immunizations, allergies, billing information, growth charts, messaging). In order to obtain full access to your adolescent's record, you and your adolescent must sign the MyChart Adolescent Proxy Authorization.
- Once your adolescent reaches age 18, you will no longer have access to your adolescent's MyChart record unless your adolescent signs a MyChart Adult Proxy Agreement and MyChart Adult Proxy Authorization.

This proxy access expires when the minor turns 12 and becomes an adolescent.

### Minor Information

Please provide the following information for each child: (All fields are required. A separate form must be completed for each minor.)

Name (first, middle initial, last) \_\_\_\_\_ Gender: Male / Female  
Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_

### MyChart Terms and Conditions:

- I understand that MyChart should never be used for urgent matters. If I am experiencing a life-threatening illness or injury, I will go to the nearest hospital emergency department and/or dial 9-1-1 for immediate attention.
- 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 minor'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 my activities within MyChart may be tracked by computer audit and that entries I make may become part of my minor's medical record.
- I understand that access to MyChart is provided by Northwestern Medicine as a convenience to its patients and that Northwestern Medicine 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. I also understand that, under certain circumstances (e.g., my minor's emancipation, pregnancy, or marriage), my minor may revoke my MyChart access provided under this agreement.
- I understand that additional terms and conditions applicable to my use of MyChart are set forth on the MyChart Portal, and I agree that my use of MyChart constitutes acceptance of these terms and conditions.
- I understand that my minor will have the option to create his or her own MyChart account once he or she reaches age 12. If my minor chooses to do so, he or she will have full access to his or her health information, and he or she will have the ability to send private messages to his or her physician.
- 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. Although MyChart contains limited medical information, individuals with proxy access will have unrestricted access to diagnostic information which may be considered sensitive including information related to HIV/AIDS, behavioral or mental health, developmental disabilities, treatment for substance use disorder, genetic testing and counseling, artificial insemination, sexual assault/abuse, domestic abuse of an adult with a disability, child abuse and neglect, sexually transmitted illnesses, pregnancy, and birth control. I also understand that a paper copy of a patient's medical record may be requested from Medical Records.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms. I also certify that I am the parent or legal guardian of the minor listed on this form and that all information I have provided is correct.



/

/

---

**Signature of Parent/Guardian**

**Relationship to Patient**

**Date (Required)**

---