

## Parental/Guardian Proxy Access to a Teen's MyChart Record

Pacific Psychology & Comprehensive Health Clinic provides limited proxy access to a teen's information in MyChart to parents or legal guardians for children ages 12-17 years old. To sign up to access your teen's MyChart record, please complete this parental/legal guardian proxy authorization form and return it to Pacific Psychology & Comprehensive Health Clinic. This form is an authorization that will permit Pacific Psychology & Comprehensive Health Clinic to release limited proxy information to you via MyChart. This form should be completed by the parent or legal guardian who is authorizing Pacific Psychology & Comprehensive Health Clinic to allow parental access to their child's MyChart electronic record. This form must include the parent or legal guardian's name and information, and the child's name and information.

Child/Patient Name (*last, first, middle initial*) \_\_\_\_\_

Child/Patient Mailing Address: \_\_\_\_\_

Child/Patient Date of Birth: MM/DD/Year \_\_\_\_\_

I am requesting that I, \_\_\_\_\_ (*insert printed name of parent or legal guardian*) receive proxy access to information that is available in my teen's MyChart electronic record. I understand that MyChart contains a portion of my child's medical record and that MyChart does not reflect the complete contents of the medical record. Teen proxy MyChart access will permit me to use the messaging feature to send and receive messages from my child's providers or clinic administrative staff. I will also be able to view certain information such as alerts, immunizations, allergies, and family medical history, but I will not be able to view my teen's medical information such as appointments, visit summaries, or Share Everywhere. I authorize Pacific Psychology & Comprehensive Health Clinic to release the available information through Teen MyChart Proxy Access to me as limited by law. I understand that the information in MyChart is obtained from my child's electronic medical record and that it may include information from facilities listed in Pacific Psychology & Comprehensive Health Clinic Notice of Privacy Practices.

This form does not authorize release of my child's medical record to anyone else by other methods or in other ways.

Participation in MyChart and designating a parent/guardian MyChart proxy is completely voluntary. Access to my teen's MyChart electronic record is solely at my request. I understand that I am not required to designate a parental MyChart proxy for my teen's record, and I am not required to request MyChart access authorization for any other person. I also understand that Pacific Psychology & Comprehensive Health Clinic does not condition any of my child's health care treatment, payment or other services on whether or not I provide this parent proxy authorization. However, I also understand that if I do not provide this MyChart authorization, Pacific Psychology & Comprehensive Health Clinic will not provide me with access to my teen's MyChart record. I understand that once I receive access to my child's MyChart records any redisclosure by me of the information contained in such records may not be protected by federal privacy protections.

This authorization will expire when my child reaches 18 years of age or when I request that Pacific Psychology & Comprehensive Health Clinic remove my access. I understand that Pacific Psychology & Comprehensive Health Clinic may remove my access to my child's electronic record at any time and will do so as required pursuant to state law. I understand that I may revoke this authorization at any time prior to my child's 18th birthday, by providing a written request for revocation to Pacific Psychology & Comprehensive Health Clinic. I understand that if I revoke this authorization, my access to my child's MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request. I certify that I am the parent or legal guardian of the child listed above and that all information provided is correct. I hereby request access to my teen's MyChart electronic record. I have been provided a copy of this authorization.

Signature of Child/Patient: \_\_\_\_\_ Date: MM/DD/Year \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: MM/DD/Year \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

Printed Name of Parent or Authorized Representative: \_\_\_\_\_

Parent or Guardian Date of Birth: DD/MM/Year: \_\_\_\_\_

Parent or Legal Guardian's Mailing Address: \_\_\_\_\_

If a person other than the parent or legal guardian signs this form, indicate their legal authority to sign for patient, and attach any documentation:  
ERZ1032430.DOCX;2\14206.046001\ Parental/Guardian Limited Proxy Access to a Teen's MyChart Record