

MyChart Proxy Application for Minor Patient Ages 0-11 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 into my MyChart account with my own username and password to access the patient's information*
- BJC HealthCare/Washington University may revoke access to this electronic access at any time deemed appropriate*

PROXY APPLICANT'S INFORMATION

Name 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 _____

PARENT WITH A CHILD AGE 0-11 YEARS

Parent/Guardian access via MyChart will be revoked when:

- Parent/guardian submits a request to revoke online access
- Patient turns 12, at which time the patient must give their consent for proxy access
- 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 Parent Applicant _____ Date _____

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.

Staff:

Please fax the signed form to Health Information Systems (HIS) Staff at **314.454.2044, Attention: HIS Staff**

Or by mail to:

**St. Louis Children's Hospital
Health Information Services – PL-20
One Children's Place, St. Louis, MO 63110**

FREQUENTLY ASKED QUESTIONS ABOUT MYCHART PROXY

What is Proxy Access for Children ages 0-11 years used for?

Gives parents and guardians access to information for children under age 12 years. Through proxy access, parents and guardians can keep track of vaccination records, growth charts, diagnoses, and medical instructions, as well as communicate with a child's care team

When will I lose Proxy access to my child's MyChart account?

Access to a child's MyChart account automatically expires when the child turns 12 years old. You will receive reminder notifications in MyChart that your access will be expiring and you will have to complete the MyChart Proxy Application for Adolescent Patients (ages 12-17 Years) form to access your adolescent child's account.

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