



MyChart Child/Adolescent Proxy Form

Access to Your Child's/Adolescent's MyChart Record

To request access to the MyChart record of a child/adolescent whose medical care you help manage, please complete this form, or you can complete the form that is located on the HonorHealth Website at www.honorhealth.com under Patient Resources>MyChart>Proxy Form. The Parent/Guardian can electronically sign the online form, or this form and provide authorization for release of medical information in MyChart on the "Child/Adolescent Proxy Authorization Form." Please note that your child's chart will be accessed through your (the proxy's) MyChart record. Completing this form will establish a MyChart record for you and for your child/adolescent if one does not already exist.

Parent/Guardian Information: (All Sections required – Please print clearly)

Name (Last, first, middle initial) _____

Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone#: _____

Healthcare Facility: _____

Notes:

- Once your child reaches age 12, you will automatically have limited access to information in your child's MyChart account.
- Once your child/adolescent reaches age 18, you will no longer have access to your child's MyChart account.
- Under Arizona State law, you will not receive a copy of any result if your minor child presents for treatment of a sexually transmitted disease (STD), Psych & Behavioral Health treatment, Substance Abuse (drugs/alcohol) results, Pregnancy Tests, Physician notes regarding abuse.
- If your child is emancipated, they will need to complete the Adult Proxy Form to grant you access to their record.
- To request a copy of your child's/adolescent's record, contact HonorHealth Health Information Management Department (HIM) at 480-882-4040. Additional authorization will be required.

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

A. Name (last, first, middle initial): _____

Date of Birth: _____

B. Name (last, first, middle initial): _____

Date of Birth: _____



C. Name (last, first, middle initial):

Date of Birth: _____

MyChart Terms and Agreement Summary

Proxy access for patients allows another person, of the patient's choosing, to link the patient's MyChart patient portal account to their own patient portal account. Linking the patient's portal account to their own will allow the proxy to view and manage the personal health information of the patient.

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share the MyChart ID and password with another person, that person may be able to view 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 copy of this patient's medical record may be requested from any HonorHealth facility, or physician's practice and that an additional authorization will be required.
- I understand that some information cannot be shared under state and federal requirements, such as protected behavioral health information and/or information about sexual transmitted diseases, etc.
- I understand that if I wish to receive more comprehensive access to a medical record, I will contact the Health Information Management (HIM) Department.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of this patient's medical record.
- I understand that access to MyChart is provided by HonorHealth and its Affiliates as a convenience to its patients and that HonorHealth 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.
- Proxy access to a patient's record can be revoked by the patient in MyChart, or upon written request at any time. HonorHealth and its Affiliates also reserves the right to revoke online access to health information at any time.
- I understand that I may contact HonorHealth or its Affiliates at any time to restrict my proxy's access to my MyChart patient portal account and personal health information by calling Health Information Management at 480-882-4040.
- I understand that if I share my MyChart health information with a third party, it may no longer be protected under state and federal privacy rules.



- I agree to abide by the terms and conditions of the MyChart website and/or Mobile Application.
- MyChart is not to be used in emergency situations. If I have a medical emergency or have an urgent medical question, I will call 911 or contact my health care provider directly.
- I understand that the following items may not be disclosed along with other health information in the minor child's health record: HIV/AIDS related information and/or records, information about sexually transmitted disease (STD), pregnancy, birth control, drug/alcohol related diagnosis/treatment, referral information, genetic testing information and/or records, information about sexual assault/abuse, and information about child abuse/neglect.

By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms. I understand that I may review the entire Terms and Conditions document on the MyChart website at mychart.honorhealth.com.

Signature of Parent (or authorized person): _____

Relationship: _____

Printed Name: _____ Date: _____

Submit Completed Forms to: **HonorHealth - Health Information Management**

Mail: 2500 W. Utopia, Phoenix AZ, 85027

Email: medicalrecordsnssc@honorhealth.com

Fax: 480-882-5841

Forms can also be dropped off at any HonorHealth Medical Records office inside any of our hospitals.