

Child Proxy Access Form for MyChart

For children up to age 18, parents or legal guardians can request proxy access to view their child's MyChart account by completing this Child Proxy Access Form. Parents or guardians can complete this form to provide authorization for release of medical information in MyChart.

What is proxy access?

Proxy access allows a parent, legal guardian or caretaker to link the patient's/child's MyChart account to their own MyChart account. Linking the patient's/child's MyChart account to their own will allow the parents or guardians (Proxys) to view and manage the personal health information of the patient.

For Parents, guardians or children who don't currently have a MyChart account, by submitting this form, a MyChart account will be automatically created.

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 number: _____
Healthcare facility: _____

Please note:

- When a child reaches the age of 13, MyChart will automatically give parents/legal guardians limited access to the child's MyChart account.
- Once a child/adolescent reaches age 18, parents/legal guardians will no longer have access to the child's MyChart account.
- Pursuant to applicable law, certain health information in the child's health record may not be disclosed.
- If a child is emancipated, they will need to complete the Adult Proxy Form to grant parents/legal guardians access to their record.
- To request a copy of a child's/adolescent's record, you can contact the HonorHealth Health Information Management Department 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: _____

By signing below, I acknowledge that I have read and understand this Child Proxy Access form and agree to the MyChart [terms and conditions](https://mychart.honorhealth.com/terms-and-conditions) found at mychart.honorhealth.com.

Signature of parent/guardian (or authorized person):

Relationship to child: _____

Printed name of parent/guardian: _____

Date: _____

You can submit your completed form to HonorHealth Health Information Management by email (medicalrecordsnssc@honorhealth.com), fax, mail, or drop off in person.

HonorHealth Health Information Management

2500 W. Utopia Road
Phoenix AZ, 85027

Fax: 480-882-5841

You can also bring your completed form to any one of the HonorHealth Medical Records offices located at each of our six medical centers across the Valley.

HonorHealth Sonoran Crossing

Medical Center

33400 N. 32nd Ave.
Phoenix, AZ 85085

HonorHealth Deer Valley

Medical Center

19829 N. 27th Ave.
Phoenix, AZ 85027

HonorHealth Scottsdale Shea

Medical Center

9003 E. Shea Blvd.
Scottsdale, AZ 85260

HonorHealth John C. Lincoln

Medical Center

250 E. Dunlap Ave.
Phoenix, AZ 85020

HonorHealth Scottsdale

Osborn Medical Center

7400 E. Osborn Road
Scottsdale, AZ 85251

HonorHealth Scottsdale Thompson

Peak Medical Center

7400 E. Thompson Peak Pkwy.
Scottsdale, AZ 85255