



# MyChart Proxy Request Form

**CHILD**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

**Place Patient Label**

MyChart Request Form



IDN1510336

To request access to your child's MyChart record, please complete this form and either return it to the office of your child's provider or to the Rush Health Information Management Office via email to [mychartrequest@rush.edu](mailto:mychartrequest@rush.edu), fax to (312) 563-0750, or mail to the following address: **Rush Health Information Management Office, MyChart Proxy Request, 1611 W. Harrison St., L1 – Suite 001, Chicago, IL 60612.**

Rush typically processes requests received by email or fax within one business day. Requests submitted by mail may take up to five business days after receipt to process. To access your child's MyChart record, log in to your own MyChart account. If you do not have a MyChart account, you will receive a MyChart activation code so that you can sign up for MyChart and create your own MyChart account. To receive your activation code by email, check the box at the bottom of this form and provide a valid email address. Once you receive your activation code, sign up for MyChart at [mychart.rush.edu](http://mychart.rush.edu). After completing the online sign up process, you can then log in to your MyChart account to access your child's record.

Please note the following age range limitations for MyChart:

- You will receive full access to your child's record only if your child is **age 0 to 11**
- If your child is **age 12 to 17**, you will be granted limited access to your child's MyChart record.
- Once your child reaches **age 12**, your proxy access to your child's MyChart record will be limited.

These limitations do not affect any legal right you have to access your child's medical record by other means. For information on how to obtain a print copy of your child's record, call the Rush Health Information Management Office at (312) 942-7262.

### Parent or Guardian's Information (All sections required – please print clearly.)

Name (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Child's Information (All sections required – please print clearly.)

Complete this section with information about the child whose MyChart record you are requesting to access.

Name (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### MyChart Terms and Agreement

I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart username and password with another person, that person may be able to view my or 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, protect my password, and to change my password if I believe it may have been compromised in any way.



# MyChart Proxy Request Form

**CHILD**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

**Place Patient Label**

I understand and agree that MyChart may contain selected, limited information from my child's medical record, including but not limited to test results and records related to **genetic testing, genetic counseling, drugs and alcohol, HIV, mental health and developmental disability and agree to the release of such information to MyChart** and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of my child's medical record may be requested from Rush.

I understand that my activities within MyChart may be tracked by a computer audit and that entries I make may become part of my child's medical record. I understand that access to MyChart is provided by Rush as a convenience to its patients and that Rush 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.

The full MyChart Terms and Conditions and Proxy Terms and Conditions can be found at [mychart.rush.edu](http://mychart.rush.edu).

By signing below, I acknowledge that I have read and understand this MyChart Proxy Request Form and agree to its terms and further understand that the Proxy access terminates upon the child's twelfth birthday. I further acknowledge that I will immediately notify Rush in the event I lose parental rights over the above named child and that my Proxy access shall immediately terminate upon the occurrence of such event.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

If you would prefer your activation code delivered to a personal email account, provide the address below.

Email address: \_\_\_\_\_ Initials: \_\_\_\_\_

**Witness Signature\*:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Name (Please Print):** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**\* Signature of a witness is required because medical information released in MyChart may include test results and records related to genetic testing, genetic counseling, drugs and alcohol, HIV, mental health and developmental disability.**