

Family Health Center MyChart Child Proxy Form

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete both pages of this Child Proxy Form and return it to the address shown below. Please note that your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child.

Return all forms to: Family Health Center
MyChart Support
P.O. Box 3276
Waco, Texas 76707

Parent/Guardian Information: (All sections required – please print clearly.)

Name (*last, first, middle initial*) _____
Social Security Number: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone Number: _____
Primary Clinic: _____

Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child's record by other means. To request a paper copy of your child's record, contact your child's primary care clinic.

- If your child is **age 0-13**: You will be granted full access to your child's MyChart record.
- If your child is **age 14-17**: You will be granted partial access to your child's MyChart record. (e.g., appointment scheduling, immunizations)
- Once your child reaches **age 18**, you will no longer have access to your child's MyChart record.

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

- A. Name (*last, first, middle initial*): _____
Social Security Number: _____ Date of Birth: _____
Primary Clinic: _____
- B. Name (*last, first, middle initial*): _____
Social Security Number: _____ Date of Birth: _____
Primary Clinic: _____
- C. Name (*last, first, middle initial*): _____
Social Security Number: _____ Date of Birth: _____
Primary Clinic: _____
- D. Name (*last, first, middle initial*): _____
Social Security Number: _____ Date of Birth: _____
Primary Clinic: _____

► **Please remember to complete page 2 of this form.**

Family Health Center MyChart Child Proxy Form (page 2)

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my own 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, 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 paper copy of a patient's medical record may be requested from the patient's clinic.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Family Health Center as a convenience to its patients and that Family Health Center 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.
- I am currently the legal guardian of the child/children listed on this form. I will notify the Family Health Center immediately should my guardianship status of the child/children listed on this form be lost.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

Signature of Parent/Guardian

Relationship to Patient

Date (Required)

For Clinic Use Only:

Information Release Date: _____ Clinic Name: _____
Name of staff member/department: _____