

Access to Your Child’s MyChart Record

To sign up for access to your child’s MyChart record, please complete this Child Proxy Form and return it to your Methodist Hospitals Physician’s office or any Methodist Hospitals Facility. 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. Limited access only is available for children between the ages of 13 and 18. (To have full MyChart proxy access to children between 13 and 18, please fill out **Adult Proxy Form**. The child will need to give consent before full access is given.)

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 Physician _____

Please provide the following information for each child: *(all fields are required. If you have more than two children for whom you would like proxy access, please fill out another form.)*

1. Name *(last, first, middle initial)* _____

Social Security Number: _____ Date of Birth _____

Primary Physician: _____

2. Name *(last, first, middle initial)* _____

Social Security Number: _____ Date of Birth _____

Primary Physician: _____

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 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 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 Methodist Hospitals, Inc. as a convenience to its patients and that Methodist Hospitals, Inc. 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 understand that MyChart is not intended for emergent use and that messages sent from MyChart might not be viewed or replied to until days later. I understand that for emergent issue of myself or the patient(s) that I am a proxy to that I must call 911 or visit the nearest emergency room.
- I understand that upon the child’s 13th birthday that my proxy access will be restricted and I will not be able to view certain information because of Indiana State Law. IC 16-36-1-3
- By signing below, I acknowledge that I have read and understand the MyChart Sign-Up Form and I agree to its terms.

_____ / _____ / _____

Signature of Patient/Guardian **Relationship to Patient** **Date (Required)**