

# MyChart Child Proxy Form



## Access to Your Child's MyChart Account

To sign up for access to your child's MyChart record, please complete both pages of this Child Proxy Form. This form may be completed at any Lake Region Healthcare Clinic when you are able to sign in the presence of a Lake Region Healthcare Employee. You may also mail us a notarized copy of this form. A notary is a person with a special license to witness your signature. Mail your notarized form to: LRH Business Services Center –126 E Alcott Ave, Fergus Falls, MN 56537

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

Name (*last, first, middle initial*): \_\_\_\_\_  
Last 4 Digits of 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 four children for whom you would like proxy access, please request another form).

- A. Name (*last, first, middle initial*): \_\_\_\_\_  
Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_
- B. Name (*last, first, middle initial*): \_\_\_\_\_  
Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_
- C. Name (*last, first, middle initial*): \_\_\_\_\_  
Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_
- D. Name (*last, first, middle initial*): \_\_\_\_\_  
Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_

## MyChart Terms and Agreement

- I acknowledge and agree that while MyChart contains a "Message Center" for patients age 18 and older, such messaging shall not be used for medical emergencies. Rather, I will call 911 in the event of a medical emergency.
- I understand that MyChart is intended as a secure online source of confidential medical information. If I share MyChart ID and password with another person, that person may be able to view my health information 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.
- 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 Lake Region Healthcare as a convenience to its patients and that LRH 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 once my child reaches age 18, I will no longer have access to my child's MyChart account. My access may also be deactivated when confidential care has been provided, when my parental rights have been restricted, or when required by law.
- 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/Time