

Place Patient Barcode Here

Family Access Form MyChart Proxy Child (0-11)

Patient Name: _____ DOB: _____
Caregiver Name: _____ DOB: _____
Caregiver Address: _____ Phone #: _____
Does Caregiver Have a My K-Chart account ___ Yes ___ No **(if no fill out email legibly)**
Caregiver Email _____
Relation to Patient: ___ Birth Parent ___ Adoptive Parent ___ Legal Guardian ___ Other

Was MyChart Proxy set up in the clinic? ___ Yes ___ No
If yes, the account username is: _____

I agree to have family (proxy) access to My K-Chart for the patient listed above. I understand that this gives access to the patient’s medical information which is currently available and that may become available as a result of future medical care. I understand that information will be limited due to provisions of state and federal laws, and that access will be revoked automatically at the age of 12.

Caregiver Signature Date

Witness Signature Date

This form may be returned to Health Information Management via fax or email. Please be sure to fill in all requested fields – missing information may result in a delay of access to the requested account.

Fax: (509) 786-2349
Email: medicalrecords@pphdwa.org

Office use only
Proxy Entered
by: _____
Date: _____

