

Place Patient Barcode Here

## Family Access Form MyChart Proxy Teen (12-17)

Patient Name: _____	DOB: _____	MRN: _____
Caregiver Name: _____	DOB: _____	MRN: : _____
Caregiver Address: _____	Phone #: _____	
Does Caregiver Have a My K-Chart account <input type="checkbox"/> Yes <input type="checkbox"/> No (if no fill out email legibly)		
Caregiver Email _____		
Relation to Patient: <input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		

I agree to give family (proxy) access to My K-Chart for the parent/guardian listed above. I understand that this gives access to my medical information which is currently available and that may become available as a result of future medical care. I understand that access will be limited due to provisions of state and federal laws, and that access will be revoked automatically at the age of 18.

The teen will be given access to his or her account and will be able to revoke access at any time.

\_\_\_\_\_  
Teen 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](mailto:medicalrecords@pphdwa.org)

