

To sign up for access to your child's MyChart record, please complete this Sign-Up Form and return it to your health care provider. 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.

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

Name (last, first, middle initial) _____ Date of Birth _____

Email _____

Street Address _____ City _____

State _____ Zip _____ Phone Number _____

Please Note the following age range limitations for MyChart. These age range limitations do not affect any legal right you may have to access your child's records by other means.

If your child is **age 0-11:** You will be granted full access to your child's MyChart record.

If your child is **over the age of 12:** They may request their own MyChart.

Please provide the following information for your child:

Name (last, first, middle initial) _____

Date of Birth _____ Phone Number _____

MyChart Terms and Agreement

- I understand that MyChart is intended to be a secure online source of confidential information. If I share my MyChart ID and password with another person, that person will 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 access to MyChart is provided by Scheurer Hospital as a convenience to its patients and that Scheurer Hospital 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 also understand that Scheurer Hospital cannot alter any of my healthcare treatments, payments or other services based on whether I provide authorization.
- 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.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and agree to its terms.

Signature of Child

Date

Signature of Parent/Guardian

Relationship to Patient

Date

Scheurer
Better Health. Better Life.

**ACCESS TO YOUR CHILD'S
MyChart ACCOUNT CONSENT**

ORIGINAL: MEDICAL RECORDS
YELLOW: PATIENT

[PLACE LABEL HERE]

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