

MyChart® Record Parent\Guardian Proxy Release of Information Authorization

(To be completed by the Patient Age 12-18)

This form is your approval to permit your healthcare provider (“Provider”) to release your medical information to your parent or legal guardian. Your health information may include sensitive health information Please read it carefully.

Patient Name (*first, middle, last*): _____

Patient Last 4 digits of Social Security Number: _____ Patient Date of Birth: _____

I am requesting that the following individual receive access to all of my health information that is available in my MyChart® Record:

Name of Parent/Legal Guardian: _____

Parent\Legal Guardian Date of Birth: _____ Parent\Legal Guardian Phone Number: _____

Parent\Legal Guardian Home Address: _____

This individual named above is my parent or legal guardian. I acknowledge that certain federal and State laws permit me to make certain health care decisions on my own behalf, and as such, my parent or legal guardian will be granted access to my MyChart® record only if I consent to such access by signing where indicated below. My parent or legal guardian will be my designated MyChart® proxy. I understand that the medical information in MyChart® is obtained from my electronic medical record and may include sensitive health information about me, I acknowledge my Provider will release to my MyChart® parent or legal guardian, all records and other information in MyChart® regarding my treatment, hospitalization, and outpatient care for my impairment(s), including but not limited to:

- Psychological, psychiatric, or other mental impairment(s) (excludes “psychotherapy notes: as defined in 45 CFR 164.501)
- Drug abuse, alcoholism, or other substance abuse
- Sickle cell anemia
- Records which may indicate the presence of a communicable or non-communicable disease; and test for or records of HIV/AIDS or sexually transmitted diseases
- Contraception use and/or pregnancy tests
- Gene-related impairments (including genetic test results)
- Family history
- Medical information in MyChart® that is obtained from my electronic medical record and may include information from other providers or health care facilities described in my Provider’s Notice of Privacy Practices.

By signing where indicated below, I approve of release of any information contained in my MyChart® Record held by my Provider from my date of birth through the earliest of my revocation of this Authorization, my legal emancipation, or my attainment of the age of majority, to my parent or legal guardian. I approve of release of this information only through my MyChart® Record. This form does not permit release of my medical record to my parent or legal guardian by other methods or in other forms.

I understand that once information has been disclosed, it potentially may be re-disclosed by my parent or legal guardian and the disclosed information may not be covered by federal or state privacy protections.

My participation in MyChart® and designating a MyChart® parent or legal guardian access to my MyChart® record is voluntary. I understand that I am not required to allow my parent or legal guardian to have access to my MyChart® record, and I am not required to sign this Authorization of Release of MyChart® Record. I also understand that my Provider does not condition any of my health care treatment, payment or other services on whether I provide this Authorization of Release of MyChart® Record. However, I also understand that if I do not provide acknowledgement and approval, my Provider will not provide me with access to my MyChart® record, and also will not provide access to such record to my parent or legal guardian.

I understand that I may revoke access to my Proxy access at any time without contacting my provider through the MyChart Portal - <https://www.franciscanmychart.org>

► _____
Signature of Patient Date

This form should be completed by the patient acknowledging and approving proxy access to medical information in his or her MyChart® record. It must accompany the MyChart Proxy Record Request and Acknowledgement of Terms and Conditions by Parent\Guardian Children 12-18 Years of Age form, which provides the name and information of the individual who the patient is acknowledging and approving access to his or her MyChart record as a proxy for the parent or guardian.