

MyChart Proxy Access Sign-Up Form

Proxy (Legal Guardian's) Information:

| | |
|--|---------------------|
| PROXY NAME | PROXY DATE OF BIRTH |
| STREET ADDRESS | CITY/STATE/ZIP |
| PROXY E-MAIL | PROXY PHONE NUMBER |
| PROXY SSN: (Only required with submissions to HIM) | |

Patient Information: (Please provide the name and DOB of each child whose records you want to access).

| | |
|-----------------|----------------|
| PATIENT 1 NAME: | PATIENT 1 DOB: |
| PATIENT 2 NAME: | PATIENT 2 DOB: |
| PATIENT 3 NAME | PATIENT 3 DOB: |

Please choose which type of MyChart account you need:

- Legal guardian requiring access to my child's (ages 0-17) MyChart record.**
- If your child is age 0-17, you will be granted full access to your child's MyChart record.
 - Once your child reaches age 18, you will no longer have access to your child's MyChart record.
- Request for Teen MyChart Account (ages 14-17):** I, the legal guardian, authorize and agree that my minor teen may have access to their own MyChart account.

Legal Guardian's Signature (required)

Date

| | | |
|-----------------|----------------|-----------------------------|
| PATIENT 1 NAME: | PATIENT 1 DOB: | PATIENT 1 EMAIL (required): |
| PATIENT 2 NAME: | PATIENT 2 DOB: | PATIENT 2 EMAIL (required): |
| PATIENT 3 NAME | PATIENT 3 DOB: | PATIENT 3 EMAIL (required): |



MyChart Proxy Access Understanding Agreement

I understand that:

- MyChart is meant to be a secure, online source of my personal health information. If I share my login ID and password with someone, that person may be able to see health information about me, my child or someone who has authorized me as a MyChart proxy.
- My password is my responsibility. I will keep my password a secret. I will change my password if I believe someone has access to it.
- MyChart does not include the complete contents of the medical record. I can ask for a copy of a patient's medical record. There may be a fee for copies. Health Information Management (HIM) at Children's Wisconsin can help with these requests.
- Children's Wisconsin may track activities within MyChart via computer. Entries I make may become part of the medical record.
- Children's Wisconsin provides access to MyChart as a convenience to patients and families, and has the right to revoke access to MyChart at any time, for any reason.
- It is up to me whether I use MyChart. I am not required to use MyChart. I am not required to authorize another person to access my MyChart account.
- It is my responsibility to keep my E-mail address current at all times in the MyChart system. If my E-mail is not current, I will not receive important messages from Children's Wisconsin via MyChart.

For MyChart sign-up and all types of proxy access:

By signing below, I acknowledge that I have read and understand this MyChart Proxy Access Sign-Up Form, and I agree to its terms.

Legal Guardian Signature (required)

Date (required)

Relationship to Patient

Return all forms to:

- Via email to MedicalRecords@chw.org
- Via fax to 414-266-6316
- Via mail to:
Children's Wisconsin
Health Information Management
PO Box 1997
Summit 4250
Milwaukee, WI 53201