



Medical Record No.
Patient Name
Birthdate
Physician

Proxy Form (12-17)

Please align patient label to the right

Parent/Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old

Requirements and Procedures

Under State and Federal law there are certain types of medical information that the parent or guardian of a minor patient age 12-17 may not view without consent of the minor patient. Because of these requirements, a parent or legal guardian may access the online MyChart record of a patient 12-17 years old only with the patient's consent. Both the child aged 12-17 and the parent/legal guardian must sign the attached form (below).

Requirements for accessing a child's record:

- Parent or guardian requesting access must have legal guardianship rights
- Parent/Guardian Access Authorization form must be completed and signed
- Each parent or individual requesting access must have his/her own MyChart account.

I understand that:

- I must have a MyChart account
- I must log in to MyChart with my own User ID & Password
- I must click on 'My Family's Records' to access my child's medical information
- I agree to abide by the terms and conditions of the MyChart site
- **MyChart is not to be used in emergency situations.** If I have a medical emergency or have a question about medical care or treatment, I will contact my health care provider directly.
- This site is not a substitute for appropriate and timely contact with my physician.

Parent/Legal Guardian access to a child's record is revoked when:

- Parent/legal guardian or patient submits a request to revoke online access
- Patient turns 18 years old
- Patient advises Ann & Robert H. Lurie Children's Hospital of Chicago or his/her independent physician practice of emancipated status
- Parent/parent or parent/patient access disputes cannot be resolved

Communications on behalf of the patient must be sent from the patient's record; responses will be posted in the patient's record. MyChart e-mail alerts will be sent to the e-mail address entered in the patient's record.

If you already have a MyChart account, you will receive a letter notifying you that access to the patient's record is available, typically 5-7 business days. You will be granted access to the record only after the completed Parent/Guardian Authorization form is received.

If you do not have a MyChart account, upon submitting your electronic request a MyChart Activation Letter with Access Code and instructions will be mailed to you typically in 5-7 business days. Access to MyChart will be accessible upon Lurie Children's or your independent physician practice receiving the completed Parent/Guardian Authorization form. If you do not activate your account within 60 days after receiving your MyChart Activation Letter, your account will be inactivated.



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Parent/Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old - Authorization Form

Please enter **Patient's** information below:

Patient's Name: _____ Date of Birth: _____

Address: _____ Gender: _____ Male _____ Female

To be notified when new messages about the patient's care are sent to MyChart, please list an e-mail address:

Please enter **Parent/Legal Guardian** information below:

Parent Name: _____ Date of Birth: _____

Address: _____

Phone number on file: _____

Relationship to patient: ___Parent ___ Legal Guardian ___ Other (please specify: _____)

Note: Access to patient's online record is only available to parents or individuals with legal guardianship.

Do you (parent/legal guardian) have an active MyChart account? ___Yes ___ No

I have read and understand the requirements and procedures for accessing my child's medical record information online as provided on page one of this document titled, Parent/Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old. I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to my child's online record. This authorization is valid until it is revoked or otherwise expires.

Date

Parent/Legal Guardian Signature

For Patient (12-17)

I authorize the release of information covering the period(s) of healthcare starting with the first date of service that information became available in the Lurie Children's online system (laboratory results as early as 2002 and medical imaging starting 2004) to my 18th Birthday - Date (/ /).

I agree to allow my parent/legal guardian, named above, online access to my medical information currently available and that may become available as a result of future medical care. I understand I may revoke this access at any time.

I understand that the following items may be disclosed along with other health information in my medical record: HIV/AIDS related health information and/or records, behavioral or mental health information and/or records, information about sexually transmitted disease (STD), pregnancy, birth control, drugs/alcohol diagnosis, treatment, and/or referral information, genetic testing information and/or records, information about sexual assault/abuse, information about child abuse and neglect, and domestic abuse of an adult with a disability.

Date

Patient Signature

Date

Witness Signature
(anyone other than parent or patient may witness)



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Witness Printed Name

Please send this completed form via postal mail or fax to your child's primary clinic location.

**Ann & Robert H. Lurie
Children's Hospital of Chicago
Health Information Management**
225 E Chicago Ave, Box 11
Chicago, IL 60611
Fax: 312-227-9733

Northwestern Children's Practice
680 N Lake Shore Dr, Suite 1050
Chicago, IL 60611
Fax: 312-642-0753

Bedingfield & Rosewell Pediatric Office
2500 W Higgins Rd, Suite 440
Hoffman Estates, IL 60169
Fax: 847-839-0800

**Chicago Area Pediatrics
(Traisman, Benuck, Merens & Kimball)**
1950 Dempster St
Evanston, IL 60202
Fax: 847-869-4330

Child and Adolescent Health Associates
1030 N Clark St, Suite 400
Chicago, IL 60610
Fax: 312-943-6924

Children's Healthcare Associates
2900 N Ashland Ave
Chicago, IL 60657
Fax: 773-348-7163

1535 Lake Cook Road, Suite 101
Northbrook, IL 60062
Fax: 847-480-1510

Errol Baptist, MD
461 N Mulford Rd, Suite 4
Rockford, IL 61107
Fax: 815-397-1879

Ignacio Omengan, MD
461 N Mulford Rd, Suite 10
Rockford, IL 61107
Fax: 815-395-1064

Lakeview Pediatrics
1333 W Belmont Ave, Suite 310
Chicago, IL 60657
Fax: 773-472-7395

Milestone Pediatrics
4043 Route 59
Naperville, IL 60564
Fax: 630-420-8957

Oak Park Pediatrics
1107 Chicago Ave
Oak Park, IL 60302
Fax: 708-383-2969

Pediatric Associates of the North Shore
1144 Wilmette Ave
Wilmette, IL 60091
Fax: 847-256-6482

Pedios, Ltd.
260 Chicago Ave
Oak Park, IL 60302
Fax: 708-383-0811

Rappaport Pediatrics, S.C.
570 Lincoln Ave, Suite 1
Winnetka, IL 60093
Fax: 224-255-6709

Schwartz Pediatrics
257 South Main St
Bartlett, IL 60103
Fax: 630-289-6735

455 South Roselle Rd
Schaumburg, IL 60193
Fax: 847-352-5202

Streeterville Pediatrics
233 E Erie St, Suite 304
Chicago, IL 60611
Fax: 312-280-1485

**Town & Country Pediatrics
Lurie Children's Health Information Management**
225 E Chicago Ave, Box 11
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