



Medical Record No.  
Patient Name  
Birthdate  
Physician

Please align patient label to the right

Proxy Form (12-17)

## MyChart: Authorization for Proxy Access to Minor Patient Account Ages 12-17

To request access to the MyChart record of a minor patient whose medical care you help manage, please complete this form. A "Proxy" may be a **patient's parent, legal guardian or Power of Attorney**. The Proxy will be able to access portions of the health record, including the following items, which may be expanded or changed from time to time by Lurie Children's: Immunizations, Problem List, Medications, Allergies, History, and messages with the patient's providers.

State and Federal laws require the consent of the patient before the release of certain types of medical information to a parent, guardian or proxy, beginning at age 12. This type of information may be very sensitive or private. Because of these legal requirements, both the minor patient and the Proxy must sign this Authorization form. This Proxy Access expires when the patient revokes (takes back permission).

### Patient Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.*

### Proxy Information:

Check Box: \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian\*\* \_\_\_\_\_ Power of Attorney\*\*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.*

**\*\*A copy of the legal paperwork verifying the authority of the patient's personal representative (e.g., court appointed guardian documents, durable power of attorney for health care) must be accompany this form.**

\_\_\_\_\_  
Patient Signature (Ages 12-17)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proxy Signature

\_\_\_\_\_  
Date



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**By signing, Patient and Proxy both agree to the following:**

- **MyChart should not be used in an emergency.** Lurie Children's will make its best effort to provide a timely response to electronic inquiries in MyChart, in accordance with the MyChart Terms and Conditions available in the MyChart portal. For emergencies, call 911.
- MyChart is intended as a secure online portal for health information. MyChart contains a portion of patient's health record and does not contain all the information that may be available with a complete copy, available from the Health Information Department.
- This form does not authorize release of patient's medical records to Proxy by any other methods or form.
- I understand that once I share my health information with others, it can be re-disclosed by them and the information may not be covered by federal privacy protections.
- Passwords must be kept confidential. Tell Lurie Children's MyChart HelpDesk at 833.706.4507 if a password has been lost or compromised.
- **Sensitive Health Information:** with a *MyChart Enhanced Proxy Access Account* Proxy will have access to health information that is currently available and that may become available as a result of future medical care. Some of this health information may be sensitive or private. Proxy may have access to the following types of information: information related to HIV/AIDS, behavioral or mental health, developmental disabilities, treatment for substance use disorder, genetic testing and counseling, artificial insemination, sexual assault/abuse, domestic abuse of an adult with a disability, child abuse and neglect, sexually transmitted illnesses, pregnancy, and birth control. Lurie Children's can only provide a *MyChart Enhanced Proxy Access Account* with patient authorization. If patient does not provide this authorization, Proxy may receive a *MyChart Standard Proxy Access Account* with more limited access that avoids violation of privacy laws.
- Activities and messages in MyChart may be tracked by computer audit and may become part of the health record.
- MyChart e-mail alerts will be sent to the e-mail address entered in the patient's record and on this form.
- Access to MyChart is provided by Lurie Children's as a convenience to its patients. Lurie Children's has the right to deactivate access to MyChart at any time and for any reason.
- Use of MyChart is voluntary. Lurie Children's does not condition any of health care treatment, payment or other services on use of MyChart.
- This authorization will expire when revoked (taken back). I may revoke this authorization at any time by contacting the MyChart HelpDesk at 833.706.4507. My revocation will not affect disclosures made prior to making the request.



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**Directions for submitting the form****Lurie Children's Patients**

For patients receiving care at **Ann & Robert H. Lurie Children's Hospital of Chicago, Lurie Children's Satellite sites, or Lurie Children's Primary Care (aka Town & Country Pediatrics and Chicago Area Pediatrics)** please submit this form online at [mychart.luriechildrens.org](http://mychart.luriechildrens.org) or email the form to [ROI@Luriechildrens.org](mailto:ROI@Luriechildrens.org).

**Non-Lurie Children's Patients (Community Connect Practices)**

If your primary clinic location is not one of these locations listed below, please reach out to your practice for signing up.

- ✓ Hardcopy: Please sign the form and send it with paperwork via fax or mail to your practice below.
- ✓ If needed, a copy of the legal paperwork verifying the authority as the patient's personal representative (e.g., court appointed guardian, durable power of attorney for health care) must accompany this form.

If you already have a MyChart account, you will receive an email notifying you that access to the patient's record is available, typically within 5-7 business days. If you do not have a MyChart account, upon submitting your electronic request, you will be sent a MyChart Activation Email with an Access Link. If you do not activate your account within 60 days after receiving the email, your MyChart account will be inactivated.

**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  
Email: [ROI@Luriechildrens.org](mailto:ROI@Luriechildrens.org)

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

**Bedrose Pediatrics, S.C.  
(FKA Drs. Bedingfield & Rosewell)**  
2500 W Higgins Rd, Suite 440  
Hoffman Estates, IL 60169  
Fax: 847-839-0800

**Chicago Area Pediatrics  
Lurie Children's Primary Care  
(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

**Hahn Pediatric Group**  
18210 LaGrange Rd, Suite 205  
Tinley Park, IL 60487  
Fax: 708-478-7870

**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 Arlington Heights  
PLLC**  
1614 W. Central Rd, Suite 209  
Arlington Heights, IL 60005  
Fax: 847-259-5322

765 Ela Rd, Suite 102  
Lake Zurich, IL 60047  
Fax: 847-726-7657

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

**Pediatric Health Associates**  
Fax: 630-778-8958

260 S. Schmidt Rd. Ste D  
Bolingbrook, IL. 60440

636 Raymond Dr. Ste 205  
Naperville, IL. 60563

98 Miller Dr. Ste 101  
North Aurora, IL. 60542

24600 W. 127<sup>th</sup> St.  
Building B, Ste 135  
Plainfield, IL. 60585

946 N. Neltor Blvd. Ste 120  
West Chicago, IL. 60185

**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

990 Grand Canyon Pkwy Ste. 120  
Hoffman Estates, IL. 60169-1734  
Fax: 847-352-5202



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Patient Name  
Birthdate  
Physician  
*Please align patient label to the right*

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**Proxy Form (12-17)**

**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  
Chicago, IL 60611  
Fax: 312-227-9733