



## Adult Proxy Access to the Online MyChart of a Patient Age 18 or older

### Requirements and Procedures

Proxy access for adult patients allows another person, of the patient's choosing, to log into their personal MyChart account, and then connect to information regarding the patient. Patients over 18 will be required to sign the Adult Proxy form granting permission for the Delegate to access their medical record. Both the patient and the Delegate must sign and return the Adult Proxy Authorization Form prior to access being granted.

Requirements for Proxy online access to a patient's record:

- Individual requesting access must have a signed consent from the patient
- Adult Proxy Access Authorization Form must be completed and signed
- Each Delegate requesting access must have their 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 a patient's online record
- I agree to abide by the terms and conditions on the MyChart site
- **MyChart is not to be used in an emergency**

Adult Proxy access to a patient's record will be revoked upon the patient's written request. Ann & Robert H. Lurie Children's Hospital of Chicago and/or your independent physician practice reserves the right to revoke online access to medical information at any time.

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 only after the completed Adult Proxy 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 day. Access to MyChart will be granted 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.



Please align patient label to the right

### Adult Proxy 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 email address:** \_\_\_\_\_

Please enter **Delegate** information below:

Delegate Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
\_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Other

If Other, please specify: \_\_\_\_\_

Do you have an active MyChart account? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I have read and understand the requirements and procedures regarding accessing a patient's medical record information online as provided on the document titled Adult Proxy Access to the Online Medical Record of a MyChart Patient.**

**I certify that I am a Delegate of the above named patient and all information I have provided is correct. I hereby request access to this patient's online medical record.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Delegate Signature

I agree to allow the delegate, 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



*Please align patient label to the right*

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