



Medical Record No.
Patient Name
Birthdate
Physician

Please align patient label to the right

Proxy Form (Guardian Power of Attorney 12 and Over)

Guardian/ Power of Attorney Access to the Online MyChart Record of a Patient Age 12 or Older

Requirements and Procedures

If a patient is 12 or over and does not have capacity to sign the authorization, the patient's authorized representative such as a legal guardian or a person with legal authority may sign and access the patient's online MyChart. This request must be accompanied by a copy of the legal paperwork verifying the authority of the patient's personal representative (i.e. birth certificate, court order, power of attorney for health care).

Requirements for accessing a patient's record:

- Individual requesting access must have legal guardianship or other authorization to act on behalf of the patient
- Guardian/POA Access Authorization form must be completed and signed
- Appropriate Guardianship, Power of Attorney or other documentation must be provided
- Each individual requesting access must have his or her own MyChart account
- Should Guardianship or your authority to act on behalf of the patient be revoked or limited you are responsible to report this information immediately to Ann & Robert H. Lurie Children's Hospital of Chicago or your independent physician practice

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 the patient's medical information
- I agree to abide by the terms and conditions of the MyChart site
- **MyChart is not appropriate to be used in emergency situations.**

Legal Guardian/POA access to a patient's record is revoked when:

- MyChart access to the patient's record will be revoked when/if Guardianship changes or other rights expire or are terminated
- Legal Guardian or 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 Guardian/Power of Attorney Access Authorization form and any other required documentation 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 granted upon Lurie Children's or your independent physician practice receiving the completed Guardian/Power of Attorney Access Authorization. If you do not activate your account within 60 days after receiving your MyChart Activation Letter, the patient's account will be inactivated.



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**Guardian/Power of Attorney Access to the Online MyChart Record of a Patient
Age 12 or Older - 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 patient's care are sent to MyChart, please list an email address:

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

Parent Name: _____ Date of Birth: _____

Address: _____

Phone number on file: _____

Please check the authorizing party's relationship to the patient:

- Parent of a disabled patient**
- Legal Guardian of a disabled adult patient**
- Durable Power of Attorney for Healthcare for a disabled adult
- Durable Power of Attorney for Healthcare
- Birth certificate
- Other _____

** This request **MUST** be accompanied by a copy of the legal paperwork verifying the authority of the patient's personal representative (i.e. birth certificate, court appointed guardian, durable power of attorney for health care)

Do you (parent/legal guardian/POA) have an active MyChart account? _____ Yes _____ No _____

I have read and understand the requirements and procedures for accessing a patient's medical information online as provided on page one of this document titled, Guardian/POA Access to the Online Medical Record of a Patient Age 12 or Older. I certify that I am the legal guardian or legal representative of the patient listed above and that all information I have provided is correct. I hereby request access to the patient's online record.

Date

Parent/Legal Guardian/POA Signature

Please send this completed form to your child's primary clinic location.



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**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

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

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

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

Medical Pediatrics
1700 W Central Rd, Suite 200
Arlington Heights, IL 60005
Fax: 847-392-1980

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