



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 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
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