

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

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

Ad-Park Pediatric Associates

1640 W Lake St, Suite 200
Addison, IL 60601
Fax: 630-543-1551

610 S Maple Ave, Suite 3150
Oak Park, IL 60304
Fax: 708-383-7498

Children's Gastroenterology Specialists

3633 W Lake Ave, Suite 103
Glenview, IL 60026
Fax: 847-724-7845

Elm Street Pediatrics

572B Lincoln Ave
Winnetka, IL 60093
Fax: 847-501-4075

Fairview Pediatrics

1475 E. Belvidere Rd, Suite 215
Grayslake, IL 60030
Fax: 847-548-8899

Highland Park Pediatric Associates

1160 Park Ave West, Suite 3E
Highland Park, IL 60035
Fax: 847-432-9480

Lake Shore Pediatrics

900 N. Westmoreland Rd, Suite 106
Lake Forest, IL 60045
Fax: 847-615-0730

27790 W. Hwy 22, Suite 36

Barrington, IL 60010
Fax: 847-381-4602

1800 Hollister Dr, Suite 220

Libertyville, IL 60048
Fax: 847-362-4615

Pediatric Associates of Barrington

912 W. Northwest Hwy, Suite G-7
Fox River Grove, IL 60021
Fax: 847-381-6828

260 Congress Pkwy, Suite B
Crystal Lake, IL 60014
Fax: 815-459-1648

Pediatric Partners

300 Center Dr, #103
Vernon Hills, IL 60061
Fax: 847-362-4425

767 Park Ave West, Suite 230
Highland Park, IL 60035
Fax: 847-681-7110

Premier Pediatrics

185 N. Milwaukee Ave, Suite 220
Lincolnshire, IL 60069
Fax: 847-821-9501

36100 Brookside Dr, Suite 204
Gurnee, IL 60031
Fax: 847-821-9501

Wheaton Pediatrics

1725 S. Naperville Rd, Suite 100
Wheaton, IL 60189
Fax: 630-690-7335

725 W Fabyan Pkwy, Suite B
Batavia, IL 60510
Fax: 630-690-7335

Woodfield Pediatrics

1345 Wiley Rd, Suite 117
Schaumburg, IL 60173
Fax: 847-884-1113