

## **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.

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 - Authorization Form**

Please enter **Patient's** information below:

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

**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 align patient label to the right*

Proxy Form (Guardian Power of Attorney 12 and Over)

**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

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

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

**Pediatric Associates of Barrington**

27750 W. Hwy 22, Suite 150  
Barrington, IL 60010  
Fax: 847-381-6828

**Elm Street Pediatrics**

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

525 E. Congress Pkwy, Suite 220  
Crystal Lake, IL 60014  
Fax: 815-459-1648

**Fairview Pediatrics**

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

**Pediatric Partners**

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

**Highland Park Pediatric Associates**

2101 Waukegan Rd, Ste 302  
Bannockburn, IL 60015  
Fax: 847-432-9480

600 Central Ave, Suite 123  
Highland Park, IL 60035  
Fax: 847-681-7110

**Hinsdale Pediatrics**

911 N Elm St., Suite 215  
Hinsdale, IL 60521  
Fax: 630-323-9652

**Premier Pediatrics**

565 Lakeview Pkwy, Suite 108  
Vernon Hills, IL 60061  
Fax: 847-821-9501

**Lake Shore Pediatrics**

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

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

27750 W. Hwy 22, Suite 150  
Barrington, IL 60010  
Fax: 847-381-4602

**Wheaton Pediatrics**

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

1800 Hollister Dr, Suite 220  
Libertyville, IL 60048  
Fax: 847-362-4615

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

**Pediatric Associates of Arlington Heights**

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

**Woodfield Pediatrics**

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