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 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

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

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

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

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

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