MyChart Child Proxy Request and Authorization Form

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Patient Identification

This form should be completed by a parent or legal guardian ("Proxy") who wants access to portions of his/her child's electronic protected health information ("ePHI") maintained by Ballad Health and/or its affiliated entities (the "Organization") through MyChart. The Proxy will need to show his/her photo ID.

CHILD (birth until 18th birthday)

Note: Access to MyChart features will be limited to parents of minors aged 12 - 17 due to privacy regulations and all access to child's records will cease as of the date child turns 18.

Parent to Child

Parent must:

- 1. Parent completes the "Child Proxy Request Form" for each child; and
- 2. Parent takes completed forms to clinic or health care provider with his/her photo ID. Parent submits paperwork to front desk person and shows photo ID; and
- 3. If Parent sees providers at our organization, Parent must ask front desk person to sign up for MyChart. Parent signs up in the office with the activation code; or takes the activation code home and creates Parent's MyChart ID and password.
- 4. Child's MyChart account will be attached to Parent's MyChart account when entire process is completed.
- 5. Parent must agree to notify Ballad Health if his/her legal right to access child's medical record is terminated by a court and to cease all access to such records.

Permanent Legal Guardian to Child

Guardian must:

1. Guardian completes the "Child Proxy Request Form" for each child; and

Revised: 5/3/2021

- 2. Guardian brings the: a) Court Order Appointing Guardian; and b) Letters of Guardianship verifying the Guardian's status as permanent legal guardian to the clinic or health care provider for copying; and
- 3. Guardian takes completed forms to clinic or health care provider with his/her photo ID. Guardian submits paperwork to front desk person and shows photo ID (photo ID is not required for the child); and
- 4. If Guardian sees providers at our organization, Guardian must ask a front desk person to sign Guardian up for MyChart. Guardian takes activation code home and creates Guardian's MyChart ID and Password. Child's MyChart account will be attached to Guardian's MyChart account when entire process is completed.
- 5. Child's MyChart account will be attached to Guardian's MyChart account when entire process is completed.
- 6. Guardian must agree to notify Ballad Health if his/her guardianship rights are terminated and to cease all access to child's records once guardianship rights are terminated

Child's ("Patient's") Information:

Patient Information: Please fill in the Information request	S IN DOID DEIOW.	
Patient's Name:		
Date of Birth:		
Address:	State:	Zip Code:
Telephone Number:	Alternate Telephone Number: _	
Last 4 digits of Social Security Number:		
Medical Record Number:		

Form no. MS-7733

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Patient Identification

Proxy Name:		
Date of Birth:	_	
	State:	Zip Code:
Telephone Number:	Alternate Telephone Number	 :
Last 4 digits of Social Security Number:		
Medical Record Number:		
Email address:		
My Relationship to the Child is as follows:		
☐ ParentOR☐ Permanent Legal Guardian of t	Patient – Must attach a copy of the Court Ord	der Appointing Guardian and any
•	roxy's status as permanent legal guardian of the	• • • • • • • • • • • • • • • • • • • •
 I will comply with the MyChart term I will keep my password confider I must have parental rights or lega I have not been denied any period orders in effect limiting my access Communications on behalf of the be received in the Child's record. It Parent/Legal Guardian ("Proxy") in There are age range limitations for the Child's record by other means. Information Management Departm I have completed all paperwork requirements" policy. I understand that information available. 	Chart. These age range limitations do not affect an request a paper copy of the Child's record, be nents for proxy access as set forth in the "MyChan MyChart for minors aged 12 - 17 will be limited	no court orders or restraining Child's record and responses wiless entered under the t any legal right I have to access by contacting the Health art Proxy Access Paperwork due to privacy laws
x	//	(Required)
I understand that information availa Proxy Signature (Required) For Official Use: 1. I have given a photocopy of the signature (Required) 2. I HAVE PLACED A PATIENT LAB 3. I have viewed the Patient's photo	•	nt. AL RECORDS.

Revised: 5/3/2021