



MyChart Proxy Access Authorization: *Giving Minors Separate Access to their Medical Records*

- In order for a parent or legal guardian to authorize a child under the age of 18 to have their own separate MyChart account, the parent or legal guardian must complete the form below.
- Authorization for proxy access to a child's account is valid until the child turns 18.
- It is important to remember that children under 18, who are not emancipated, must have a parent or guardian's authorization to create a separate account. It is equally important for parents and guardians to understand that once given a separate account, that child has the technical capability of discontinuing the proxy access. In the event that this happens, the parent or guardian must contact the MetroHealth Medical Records department to re-establish proxy access and/or to terminate the child's MyChart access to a separate account. Access to medical records through the Medical Records Department is not in any way altered by MyChart access rights.

1. Patient Information (Authorized Child):

Patient Name _____ MRN _____
Address _____
Home Phone _____ Work Phone _____ Email _____
Primary Physician _____ Primary Practice _____

2. Parent/Guardian Information:

Parent Name _____ MRN (if applicable) _____
Address _____
Previous Names _____ Birth date _____
Home Phone _____ Work Phone _____ Email _____
Do you have an active MyChart account? Yes No Have you been a patient a MetroHealth facility? Yes No

Relationship to patient:

- | | |
|---|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Legal Guardian * |
| <input type="checkbox"/> Custodial Parent | <input type="checkbox"/> Durable Power of Attorney for Healthcare (DPOA) ** |
| <input type="checkbox"/> Non-Custodial Parent | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Caregiver for Senior Patient | |

*Proper ID must be validated and scanned with this application

**This request must be accompanied by a copy of legal paperwork verifying the patient's personal representative

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize MetroHealth to release medical information via MyChart to: The Designated Proxy named above.

The following information is to be released: Any and all information is allowed through *MyChart*.

- I understand that I have a right to revoke this authorization at any time through *MyChart* Family Access Settings.
- I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the MetroHealth Privacy & Information Security Officer at 216-778-5776.
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid, and activation of the *MyChart* Proxy Access feature must occur within 30 days from the date of this authorization.

_____/_____/_____
Signature of Parent/Authorized Person *Authorized Person's Authority to Sign* *Date*
(parent, guardian, power of attorney, etc.)

Submission Instructions:

Bring the completed form, proper identification, and any additional required documentation to your provider's office or any MetroHealth System clinic. Additional information may be requested. A staff member will review the form and verify information regarding the patient and parent or guardian. **All items must be submitted in person with a valid photo ID in order to verify identity.**