

MyChart - Adult to Child Proxy Account Authorization

Person requesting access must be parent or legal representative.

Patient Information

Name (last, first, middle initial): _____

Date of Birth: _____ Email: _____

Phone: _____

Person Requesting Access

Relationship to Patient: _____

Name (last, first, middle initial): _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child's record by other means. To request a paper copy of your child's record, contact your child's primary care clinic.

- **Age 0-12th birthday:** you will be granted full access to your child's MyChart record.
- **Age 12th birthday-17:** you will be granted partial access to your child's MyChart record.
- **Age 18:** you will no longer have access to your child's MyChart record.

In order to obtain access, both the parent/legal guardian and the adolescent must complete and sign below.

Terms & Conditions

I understand that MyChart is intended as a secure online portal for viewing confidential medical information. If I share MyChart ID and password with another person, that person may be able to view health information about someone who has authorized me as a MyChart proxy.

- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that the patient may request a copy of his/her medical record from the clinic.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- This form only authorizes access through MyChart and does not authorize release of my medical record to my designated proxy by other methods or in other formats.
- I understand that once information has been disclosed, it potentially may be re-disclosed by my proxy and the disclosed information may not be covered by federal privacy protections.
- I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that Bend Memorial Clinic does not condition any of my health care treatment, payment, or other services on whether I provide this authorization. I know that if I do not provide this authorization Bend Memorial Clinic will not be permitted to provide my designated proxy with access to my MyChart record.
- I understand that access to MyChart is provided by Bend Memorial Clinic as a convenience to its patients and that Bend Memorial Clinic has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up form and I agree to its terms.

I acknowledge that I have read and understand this MyChart Sign-up form. I agree to its terms and choose to designate the person named above as my MyChart Proxy, thereby allowing them access to my MyChart.

Parent / Legal Guardian Signature: _____ Date: _____



bendmemorialclinic.com