

JOHNS HOPKINS MEDICINE

Proxy Access Form – Child (0-17 years old) Scan into patient record once completed

## 

	(first)	(m. initial)	(last)		
Address:				Phone #:	
		(street address)			
				Medical Record #:	
	(city)	(state)	(zip code)		(if known)

To request access to your child's Johns Hopkins Medicine MyChart ("MyChart") information, please complete and sign this form and return it to your child's provider's office. If you are a Johns Hopkins Medicine patient, you will need to have an active MyChart account to access your child's MyChart information. If you are not a Johns Hopkins Medicine patient, a MyChart account will be created for you when this form has been processed.

## Parent/Legal Guardian Information

Parent's/Lega	l Guardian's	Parent's/Legal Guardian's			
Name:				Birth Date:	
	(first)	(m. initial)	(last)		( <i>required</i> )
Address:				Phone:	
		(street address	ess)	E-Mail Address:	(required)
	(city)	(state)	(zip code - <b>required</b> )		(required)
Last 4 digits of	f Parent's/Legal G	uardian's SSN (for	matching purposes if you ha	ve been a patient at John	s Hopkins):
	<b>6</b> -11		No ut.		
Please note the	e following age range	e limitations for MyC	nart:		
• If your child in	200 0 12 you will b	o granted full acces	e to vour child's MyChart	information	

- If your child is age 0-12, you will be granted full access to your child's MyChart information.
  Once your child reaches age 13, you will have limited access to your child's MyChart information.
- At age 18, a child is no longer a minor and MyChart access by parents will end automatically.

I understand that:

- The MyChart age range limitations do not affect any legal right you have to access your child's record by other means. To request a copy of your child's record in paper or electronic format, you may contact the Health Information Management (Medical Records) Department at the Johns Hopkins Medicine location where your child receives care.
- By signing below, I acknowledge that I have read and understand this MyChart Request and the MyChart terms and conditions, and I agree to their terms.

I represent that I am the child's parent or legal guardian. (Attach proof of legal guardianship status if applicable.)

Printed Name of Parent/Legal Guardian			
Signature of Parent/Legal Guardian:	Date:		/
		(required)	

This form is for signature <u>only</u> by a parent or legal guardian with parent rights for the child named above; do not submit this form if you do not have parental rights for the child named above.