JOHNS HOPKINS MEDICINE **Scan into patient record once completed**

Proxy Access Form – Child

(0-17 years old)

JOHNS HOPKINS MEDICINE MYCHART
REQUEST FOR ACCESS TO CHILD'S MYCHART ACCOUNT
(please print clearly)

Child's Name: _____ **Birth Date:** _____
(first) (m. initial) (last)

Address: _____ **Phone #:** _____
(street address)

_____ **Medical Record #:** _____
(city) (state) (zip code) (if known)

To sign up for access to your child's Johns Hopkins Medicine MyChart ("MyChart")account, please complete and sign this Request for Access 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 in order to access your child's MyChart. If you are not a Johns Hopkins Medicine patient, a MyChart account will be established for you once this form has been processed.

Parent/Guardian Information

Parent's/Guardian's Name: _____ **Parent's/Guardian's Birth Date:** _____
(first) (m. initial) (last) (***required***)

Address: _____ **Phone:** _____
(street address) (***required***)

_____ **E-Mail Address:** _____
(city) (state) (zip code - ***required***) (***required***)

Last 4 digits of Parent's/Guardian's SSN (for matching purposes if you have been a patient at Johns Hopkins): _____

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 copy of your child's record in paper or electronic format, contact the Health Information (Medical Record) Department at the Johns Hopkins Medicine location where your child receives care.

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

I understand that:

- Use of MyChart is voluntary and is not required. My child's treatment will not be impacted, whether or not I use MyChart.
- This form addresses access only through MyChart and does not address access to medical record by other methods or in other formats.
- Once Johns Hopkins discloses health information as requested, it potentially may be re-disclosed and the disclosed information may no longer be protected by federal and state privacy laws.
- Access to MyChart is provided by John Hopkins as a convenience to its patients and that Johns Hopkins Medicine has the right to deactivate access to MyChart at any time for any reason.
- MyChart is intended as a secure online portal for viewing confidential medical information. **I will not share my MyChart username and password with others.** I understand that if I share my username and password with another person, that person may be able to view my child's medical information.
- 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.
- 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 I may request a copy of my child's medical record through other means.
- My activities within MyChart are trackable and that entries I make may become part of the medical record.
- My access to my child's medical records through MyChart will be permitted only until my child reaches age 18.
- By signing below, I acknowledge that I have read and understand this MyChart Request and I agree to its terms.

This Request will expire in 30 days if you have not activated your MyChart account within that time period.

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

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date**: ____/____/____
(***required***)

This form is for signature only by a parent or 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.