EP-00007

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

**Proxy Access Form – Cognitively Limited Child**

(0-17 years old)

## JOHNS HOPKINS MEDICINE MYCHART
## REQUEST FOR ACCESS TO COGNITIVELY LIMITED CHILD'S MYCHART ACCOUNT

(please print clearly)

**Child's Name:** _____ **Child's Birth Date:** _____
(first) (middle 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 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/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 Johns Hopkins' patient): _____

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 records by other means.
- 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.
- Johns Hopkins offers MyChart as a convenience to its patients and reserves the right to deactivate MyChart access 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 it in a secure manner, and to change it if I believe it may have been compromised in any way.
- MyChart provides selected, limited information from a patient's medical record and does not reflect the complete contents of the medical record.
- My activities within MyChart are trackable and that entries I make may become part of the medical record.
- My access to my child's MyChart information will be permitted only until my child reaches age 18. This MyChart age range limitation does not affect any legal right I have to access my child's record by other means. I also understand that I may request a copy of my child's medical record in paper or electronic format from the Health Information (Medical Record) Department at the Johns Hopkins Medicine location where my child receives care.
- 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 patient's parent or guardian and that my child has a cognitive limitation that will prevent him/her from being able to make his/her own health care decisions even as s/he grows older. (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 parental rights for the child named above; do not submit this form if you do not have parental rights for the child named above.