

Parental/Guardian Proxy Access to a Child's MyChart Record

Bastyr University Clinic (BUC) provides access to a child's electronic health information in MyChart to parents or legal guardians for children at or under the age of 11 years old. To sign up to access your child's MyChart record, please complete this parental/legal guardian-proxy authorization form and return it to BUC. This form is an authorization that will permit BUC to release your child's medical information to you via MyChart. This form should be completed by the parent or legal guardian who is authorizing BUC to allow parental access to their child's MyChart electronic record. This form must include the parent or legal guardian's name and information, and the child's name and information.

Child/Patient Name (*last, first, middle initial*): _____

Child/Patient Mailing Address: _____

Child/Patient Date of Birth: (MM/DD/Year): _____

I am requesting that I, _____ (*print parent or legal guardian name*) on *this date* _____ receive proxy access to my child's electronic health information that is available in my child's MyChart record. I understand that MyChart contains a portion of my child's medical record and that MyChart does not reflect the complete contents of the medical record. I authorize BUC to release the health information contained in my child's MyChart record to me. I understand that the medical information in MyChart is obtained from my child's electronic medical record and that it may include information from facilities listed in BUC Privacy Practices. Information in MyChart may include pregnancy, STD treatment, reproductive health care, alcohol and/or substance abuse treatment, genetic testing, mental health or HIV related information, such information may only be included in your child's MyChart record if permitted by state law.

This form does not authorize release of my child's medical record to anyone else by other methods or in other ways.

Participation in MyChart and designating a parent/guardian MyChart proxy is completely voluntary. Access to my child's MyChart electronic record is solely at my request. I understand that I am not required to designate a parental MyChart proxy for my child's record, and I am not required to request MyChart access authorization for any other person. I also understand that BUC does not condition any of my child's health care treatment, payment or other services on whether or not I provide this parent proxy authorization. However, I also understand that if I do not provide this MyChart authorization, BUC will not provide me with access to my child's MyChart record. I understand that once I receive access to my child's MyChart records any re-disclosure by me of the information contained in such records may not be protected by federal privacy protections.

This authorization will expire when my child reaches 12 years of age or when I request that BUC remove my access. I understand that BUC may remove my access to my child's electronic record at any time and will do so as required pursuant to state law. I understand that I may revoke this authorization at any time prior to my child's 12th birthday, by providing a written request for revocation to BUC. I understand that if I revoke this authorization, my access to my child's MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request. I certify that I am the parent or legal guardian of the child listed above and that all information provided is correct. I hereby request access to my child's MyChart electronic record. I have been provided a copy of this authorization.

Signature of Parent or Legal Guardian: _____ DOB _____

Relationship to the Patient: _____

Email address _____ Phone number _____

Printed Name of Parent or Authorized Representative: _____

Parent or Legal Guardian's Full Mailing Address: _____

Parent or Legal Guardian's License Type: _____ License#: _____

Expiration date _____ Social Security # _____