

NCH Healthcare System – MyChart® Proxy Request & Patient Authorization

The MyChart® patient portal provides online access to patient information, which may include a problem list, allergies, medications, doctor's notes, lab and radiology results, and other clinical documents.

Proxy access allows access to the MyChart® account of an NCH Healthcare System patient. You may request proxy access if you are:

- the parent or legal guardian of a minor child under the age of 18, or
- a legally appointed guardian or healthcare decision maker for a patient over the age of 18.

Please note the following age limitations for access to a minor's MyChart®. These range limitations do not affect any legal right you have to access your child's records by other means.

- If your child is age 0-11, parent/legal guardian will be granted full access to the child's MyChart® record.
- If your child is age 12-17, parent/legal guardian will be granted partial access to the child's MyChart® record
- Once your child reaches 18 years of age, parent/legal guardian will not be granted any access to the MyChart® patient record unless the patient consents to access.

Patient information: (Patient to which proxy access is requested)

Patient Name: _____ DOB: _____

Previous/Other Name(s) if applicable: _____

Your relationship to the patient. I am the:

_____ Parent _____ Legal Guardian* _____ Spouse _____ Adult Child _____ Other* _____

**Legal documentation may be required (court order, medical power of attorney, etc.)*

In order to obtain proxy access to the MyChart® account of a NCH Healthcare System patient, please complete below.

Your Information for Proxy Access:

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Cell #: _____ Work #: _____

Email: _____

Have you been treated at an NCH facility or NPG office? **Y or N**

Copy of proper photo ID must be provided and validated. This will be filed with this application.

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

- I understand that by signing this authorization, I am providing NCH with documentation of my authorization to request access to this patient's protected health information through MyChart®.
- I am entitled to access the patient's protected health information as his/her parent, legal guardian or spouse.
- I am **not** a Foster Parent of the patient
- My rights to access this patient's protected health information have not been modified in any manner by any court of law.
- The documents I have provided in support of my right to access the patient's protected health information, if any, are true and correct copies and are the most recent documents related to this matter.
- I understand that NCH reserves the sole right to determine whether proxy eligibility exists and to whom it will grant Proxy Access rights.
- I understand that this authorization must be filled out completely and signed and dated in order to be considered valid, and activation of the MyChart® Proxy access feature must occur within 60 days from the date of this authorization.
- As the patient, I authorize NCH Healthcare System to provide MyChart® access to the party above.

Requesting Person's Signature

Patient's Signature if age 12 or greater

Scan and send form to MyChartproxy@nchmd.org