



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

1130 Corporate Ave., Suite 345, Lenexa, KS 66219

Health Information Management Dept.

Do not write in this box



DT4171

MyChart Access Request

Name: _____

DOB: _____

MRN: _____

MyChart Proxy Access Request–For Access to a Minor Patient’s MyChart Giving Others Access to Your Medical Information in MyChart

- A minor is a person who has not yet reached their 18th birthday.
- A proxy is a person who can access a minor’s MyChart account information (which contains key components of the medical record.)
- MyChart Proxy Access Request-For Access to a Minor Patient’s MyChart a parent or guardian may be granted full access to a minor’s MyChart account with Proxy Access until the minor reaches age 14, at which point the proxy access is limited, and the parent/guardian will no longer be able to access information such as test results, medications, health issues and past appointments in MyChart. A parent or legal guardian may contact the Health Information Management Department to obtain the patient’s entire medical record through the release of information team at 913-588-2454, Option 1.
- A minor, age 14-17, may authorize full proxy access to a parent or guardian by signing the authorization below (Part B). Full access will allow the proxy to view all MyChart information, including such information as test results, medications, health issues and past appointments.
- After authorizing full proxy access to a parent or legal guardian, the 14-17-year-old minor may reset the limited proxy access through the MyChart Family Access Settings or by signing the MyChart Proxy Revocation form.
- In order for an adult proxy (age 18 or over) to view information in the minor’s MyChart account, please complete the form below. See **Part A** for a minor patient under the age of 14. See **Part B** for a minor patient between the ages of 14-17.
- Proxy access to a minor patient’s MyChart account is valid until the patient reaches age 18, patient death, or any statutory or regulatory requirement automatically allows the authorization to expire. At the age of 18 proxy access is terminated. The 18-year-old patient may sign a Proxy Access Request Form for as an Adult Patient to allow a new adult proxy relationship to be created.
- After age 18, if a patient has diminished mental capacity, a parent or legal guardian may have full proxy access continue upon completion of the Proxy Access Request Form for an Adult Patient and submission of a copy of the guardianship documents from the court.
- A minor may also limit full access to medical records by a parent or guardian if treated for certain conditions. Contact Health Information Management at 913-588-2454, Option 1 for more information.
- Foster parents cannot be granted MyChart proxy access as the relationship is not permanent.

1. Patient information: (Minor to which proxy access is requested) **A separate form is required for each child.**

Patient Name: Last _____ First _____ Birthdate (mm/dd/yyyy) _____ Gender M ___ F ___
 Middle Name _____ Previous Names _____ Social Security #: _____ - _____ - _____
 Address _____ City _____ State _____ Zip _____
 Age 14 and over only: Minor’s Primary Phone _____ Minor’s Email _____
 Primary Physician _____ Primary Practice or Clinic _____
 For ages 14-17 only: Child has diminished mental capacity diagnosed by a physician. ___ No ___ Yes

2. Proxy information: (Parent or Guardian wishing to access patient information by proxy) **Each parent should complete a separate form.**

Proxy Name: Last _____ First _____ Birthdate (mm/dd/yyyy) _____ Gender M ___ F ___
 Address _____ City _____ State _____ Zip _____
 Previous Names _____ Social Security #: _____ - _____ - _____
 Primary Phone _____ Alternate Phone _____ Email _____
 Does the proxy have an active MyChart account? ___ Has the proxy been a patient of a KU Health System? ___
 Relationship to patient: ___ Parent ___ Legal Guardian * ___ Other specify)* _____

**This request must be accompanied by a copy of legal documentation verifying the relationship of the proxy to the patient.*



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MyChart Proxy Access Request–For Access to a Minor Patient’s MyChart

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

PART A: To be completed by the parent or guardian.

I, the Parent or Guardian of the minor patient listed above, understand the following:

- **The following information is to be released:** Any and all information as allowed through MyChart (Note that MyChart may not contain the complete medical record.)
- **When my child turns age 14,**
 - **My child can have his/her own MyChart account with a separate email address from mine.**
 - **My proxy access to my child’s MyChart account will be limited,** and I will no longer be able to access information such as test results, medications, health issues and past appointments. I will still be able to access allergies and immunizations.
 - I may pay a bill using the “Pay as Guest” feature.
 - My child (age 14-17) may sign an authorization (Part B) granting full access to me until age 18. My child may later reset my full access to limited access through MyChart Family Access Settings without any further action from me.
 - For minors (age 14-17) with diminished mental capacity, a parent or guardian may have full access continue from age 14-17 upon completion of this form and with appropriate documentation in the medical record by the patient’s physician.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my child’s health information, I can contact The University of Kansas Health System Office of Patient Relations at 913-588-1290.
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid. The activation code I receive will be valid for sixty days.
- I represent that I am 18 years of age or older, or legally emancipated, and have the legal authority to sign this authorization.

_____/_____/_____
Signature of Parent or Guardian Relationship to Patient (Parent, Guardian) Date

PART B: To be completed by the patient (Age 14-17)

I authorize The University of Kansas Health System to release medical information via MyChart to: The Designated Proxy named above

The following information is to be released: Any and all information as allowed through MyChart (Note that MyChart may not contain the complete medical record. I also have a right to limit release of my full medical record to my parent or guardian if I am consenting to my own care for certain conditions.)

- I understand that I have a right to limit this authorization at any time through MyChart Family Access Settings.
- I understand that the limitation will not apply to information that has already been released in response to this authorization.
- I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), or other reproductive issues. It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. I authorize the release of these records.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact The University of Kansas Health System Office of Patient Relations at 913-588-1290.
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid. The activation code I receive will be valid for sixty days.
- I am authorizing my parent or guardian listed above to have full proxy access to my MyChart account, including access to my information such as test results, medications, health issues and past appointments.
- I understand that my parent or guardian will still be able to pay my healthcare bills.

_____/_____/_____
Signature of Minor Patient (Aged 14-17) Printed Name of Minor Patient Date

Mail, Fax, or Email completed form and required documentation to: The University of Kansas Health System-Health Information Management Dept.
1130 Corporate Ave., Suite 345, Lenexa, KS 66219 Fax: 913-588-2495 Email: MyChart@kumc.edu