



THE UNIVERSITY OF
KANSAS HEALTH SYSTEM

11300 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 may be granted access but are responsible for notifying The University of Kansas Health System by emailing MyChart@kumc.edu or calling 913-588-2420 if and when their relationship has changed or been terminated with the patient.

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.*

