

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-
- 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 quardianship 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	s is requested)	A separate form is required for	each child.	
Patient Name: Last	First		Birthdate (mm/dd/yyyy)	Gender M_	F
Middle Name	Previous Name	s	Social Security #:		
Address		City	State	Zip	
Age 14 and over only: Minor's Prima	ary Phone	Minor's Em	ail		
Primary Physician			_Primary Practice or Clinic		
For ages 14-17 only: Child has dimir	ished mental capacity	diagnosed by a	physician No Yes		
2. Proxy information: (Parent or	Guardian wishing to	access patien	t information by proxy) Each pa	arent should	complete
separate form.					
Proxy Name: Last	First		Birthdate (mm/dd/yyyy)	Gender M	_ F
Address		City	State	Zip	
Previous Names			Social Security #: _		
Primary Phone Alter	nate Phone	Email			
Does the proxy have an active MyCh	art account?Ha	s the proxy beer	a patient of a KU Health System? _		
Relationship to patient: Parent	Legal Guardian *	Other speci	fy)*		

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

家	THE UNIVERSITY OF KANSAS HEALTH SYSTEM
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**Health Information** Management Dept.

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## MyChart Proxy Access Request-For Access to a Minor Patient's MyChart

**AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION** 

Do not write in this box

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.

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Signature of Parent or Guardian			R	Relationship	to Patient (F	Parent, Guardi	an)		// 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. 11300 Corporate Ave Suite 345, Lenexa, KS 66219 Fax: 913-588-2495 Email: MyChart@kumc.edu