

**Minor  
Proxy**

## MyChart Access- Minor Patient Proxy Authorization

### Access to a patient's MyChart Record

To request access to the MyChart record of a patient whose medical care you help manage, please complete this form. Please note that the patient's chart will be accessed through your (proxy's) MyChart record. Completing this form will establish a MyChart record for you and for the patient.

**All sections required - Please Print clearly.**

**Patient Information:** information about patient whose MyChart record you're requesting to access.

Patient Name: *last*, \_\_\_\_\_ *first*, \_\_\_\_\_ *middle initial*, \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Primary Physician: \_\_\_\_\_


**Proxy Information:** information about the individual requesting access to the patient's MyChart record.

Patient Name: *last*, \_\_\_\_\_ *first*, \_\_\_\_\_ *middle initial*, \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Proxy:**

**I acknowledge and agree that:**


The patient can revoke my access to his/her MyChart account at any time. If the patient is under the age of a18, my proxy access will be deactivated on the patient's 18<sup>th</sup> birthday. Minor 0 to 11 years old, the proxy will have full access to minor's MyChart. Minors 12 to 17 years old, if the minor does not sign this form, the proxy will only see a part of their MyChart medical record. If minor does sign this form, the proxy will have full access to their MyChart medical records. At ages 12 to 17 the minor may choose to revoke proxy access at any time. I will comply with the terms and conditions on the MyChart webpage. When my legal authority to act on behalf of the patient has been inactivated, revoked, terminated or expired, I must immediately notify Altru Health System in writing of the revocation, termination or expiration and mail to: Altru Health System, Attn: MyChart Medical Records, 1200 South Columbia Road, P.O. Box 6002, Grand Forks, ND 58206-6002.

 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Signature of Proxy (required) Relationship to patient Date

**Patient:**

**I acknowledge and agree that:**

I must have my own MyChart account with Altru Health System. I will comply with the terms and conditions on the MyChart web page. I choose to designate the above names as a proxy to my MyChart account, thereby allowing him/her access to MyChart protected medical information. I authorize release of any information contained in my MyChart medical record held by Altru Health System to my designated proxy. I understand that the medical information in MyChart is obtained from my electronic medical record and may include information from all facilities listed in Altru Health system's Notice of Privacy Practices. I authorize release of my information only through MyChart record. I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy. I understand that participation in MyChart is completely voluntary, Minor 0 to 11 years old, the proxy will have full access to minor's MyChart. Minors 12 to 17 years old, if the minor does not sign this form, the proxy will only see a part of their MyChart medical record. If minor does sign this form, the proxy will have full access to their MyChart medical records. At ages 12 to 17 the minor may choose to revoke proxy access at any time. I understand that if I no longer want the proxy to have access to my MyChart account, I may revoke his/her access in my MyChart account under My Family's Records or in writing by sending a request to: Altru Health System, Attn: MyChart Medical Records, 1200 South Columbia Road, P.O. Box 6002, Grand Forks, ND 58206-6002. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will end.

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 Signature of Patient Relationship to proxy Date