

## MyChart Minor Proxy Authorization

Minor/Child Information
Patient Name: _____ [ <input type="checkbox"/> ] Male [ <input type="checkbox"/> ] Female DOB: _____ Age: _____ Address: _____ _____
Relationship to minor/child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____ <i>**Legal documentation of guardianship is required, if applicable (e.g. court order, adoption decree, etc.)</i>
Parent/Guardian Information
Parent/Guardian Name: _____ DOB: _____ Contact phone: _____ Email Address: _____ Address: [ <input type="checkbox"/> ] Same as minor <i>If different:</i> _____ _____

**MyChart Terms and Conditions:**

- A minor who is a teen (age 14 – 17) may activate his/her own MyChart account. Parents or legal guardians may have full access to what is available in MyChart.
- MyChart may not contain full and complete medical records. AZ Minor Consent Laws allow some medical information to be kept confidential.

**By signing below, I agree to the following:**

- I am entitled to access the patient's protected health information as his/her parent or legally appointed guardian.
- My rights to access the 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Patient MRN:	Proxy Activation Date:
Proxy Verified by:	Verification Documentation: