



MyChart Child Proxy Form

Access to a Child’s MyChart Record

To request access to the MyChart record of a child whose medical care you help manage, please complete this form. The patient’s MyChart record will be accessed through your MyChart record. If you do not have access to MyChart an activation letter will be sent to your home address. You will then need to activate your account in order to view the MyChart record as a proxy.

To the Proxy/Agent*

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential medical information.
- I understand that it is my responsibility to select a confidential password.
- I understand that MyChart contains selected, limited medical information from the medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a complete copy of the medical record may be requested from the provider of care.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Piedmont Augusta and Subscribing Providers as a convenience to its patients and that Piedmont Augusta and Subscribing Providers have the right to deactivate access to MyChart at any time for any reason.
- I understand that certain information concerning treatment and requests for treatment by children are protected by state and federal statutes and upon assertion of these rights by a child, parental access to MyChart will be terminated.
- I understand that use of MyChart is a voluntary, optional service and that patients are not required to use MyChart.
- By signing below, I acknowledge that I have read and understand this MyChart Child Proxy Form and the terms and conditions on the MyChart website at www.uhmychart.org and agree to its terms.

Parent/Guardian Information (All sections required – please print clearly)

Complete this section with information about the parent/guardian who is requesting proxy access.

First, Middle Initial and Last Name _____ Date of Birth _____

SSN# _____ Email _____

Street Address _____

City _____ State _____ Zip _____ Phone Number: _____

_____/_____/_____
 Signature of Parent/Guardian (Required) Relationship to Child Date

Once your child reaches age 18, you will no longer have access to your child’s MyChart record through this form.

Please provide the following information for your child: (All fields are required). If you would like proxy access for another child, you can print a form from our web page at www.uhmychart.org.

First, Middle Initial and Last Name _____

SSN # _____ Date of Birth _____

Primary Care Physician _____

**Reference to “I” or “my” are “patient” perspective if executed by an agent or guardian, who is also bound by the terms. This shall mean an agent under a power of attorney granting the authority to consent to disclosures of protected health information; Parent or Guardian of a minor; or a Court Appointed Guardian. ** Copy of the appropriate legal document is required.

Fax completed form to the Health Information Department at 706-774-8631. You will be sent your MyChart activation code by email or mail.

NOTE: If received with incomplete or illegible information, it cannot be processed. One attempt to contact you by phone will be made.