



MyChart Proxy Request – Full Teen Access

If you would like to ask a question about MyChart Proxy without submitting a request for proxy access, please call Health Information Management at (574)224-1140 or email at medicalrecords@woodlawnhealth.org.

MyChart Full Teen Proxy Access Request

To be used to request proxy access for patients that are 14-17 Years of Age for unrestricted access to MyChart.

Proxy Name:	
Proxy Social Security Number:	
Patient Date of Birth:	
Patient Street Address:	
City:	
State:	
Zip:	
Proxy Mobile Phone Number:	
Proxy Email Address:	
Relationship to Patient:	

I am requesting Proxy access to the MyChart Record(s) of the individual(s) aged 14-17 who is named below (“Adolescent”) as the parent or legal guardian of the Adolescent. I acknowledge that certain federal and State laws permit my Adolescent to make certain health care decisions on their own behalf, and as such, I will be granted Proxy Access to my Adolescent’s MyChart record only if my Adolescent consents to such access. In accessing or otherwise communicating through MyChart, I agree to abide by the guidelines for the MyChart Patient Portal electronic communication, as outlined below. I understand that MyChart is not intended for critical or time sensitive communication. I understand that if the individual(s) for whom I have proxy access requires immediate or urgent care, I am to contact 911 or the individual’s health care provider (“Provider”) directly (NOT through MyChart). My failure to adhere to the following guidelines may result in limitation of functionality in MyChart. I agree to never use MyChart to communicate information related to the Adolescent’s substance use disorder, if any.

When using MyChart I agree to:

- Contact the health care professional by means other than MyChart for any urgent or emergent situations.
- Never use MyChart to communicate information other than for the relevant patient.
- Avoid communication related to chemical dependence, such as alcohol and substance abuse due to Privacy laws.
- Be concise in my communication.

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- Avoid using MyChart messaging as a replacement for a phone call consultation or medical appointment.
- Results are immediately released. Reviewing laboratory or imaging results without consultation from a provider may lead to unnecessary concern or inappropriate interpretation.

I understand that the Provider or a designated staff member will:

- Require that I contact the health care professional by other means other than MyChart for any urgent or emergent situations.
- Maintain certain activities with MyChart as part of the Provider's medical record.
- Use reasonable and appropriate security practices to protect electronic patient information and prevent unauthorized access (password protection, encryption, authorizations, etc.).
- Share MyChart communications with office staff and other healthcare providers as needed, for continuity of care and where allowed without patient authorization.
- Share all medical and billing information, including laboratory and image results, family history, clinician notes, mental health treatment records.
- Restrict Proxy Access to the MyChart Record of children 14 to 17 years old which is governed by separate regulations and requires separate consent by the patient and/or representative if broader access is needed. When a child turns 14, the Proxy's access will automatically be restricted to comply with state and federal privacy laws, until additional authorizations are signed and filed with the healthcare provider.

Proxy Access to MyChart Record

Please provide the following information for the Adolescent whose MyChart you are requesting access (request another form to list additional names if necessary). Access to the Adolescent's records will occur through your MyChart Record.

Patient Name:	
Patient Social Security Number (last four digits only):	
Patient Date of Birth:	
Patient Email Address:	

**Must be unique to the patient and not the parent's email*



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I understand that MyChart will notify me via email or SMS text that new messages are available in the MyChart Records to which I have proxy access. Such messages will not contain any additional health information. I hereby request access to the MyChart Record of the Adolescent named above and understand that in order to gain access to MyChart I will be given a confidential password. I agree to keep it confidential and not to share it with anyone else. I agree to review the MyChart terms and conditions attached hereto before accessing MyChart and further agree that any access to MyChart with my password is subject to such terms and conditions, as those terms and conditions are amended from time to time and accessible at <https://woodlawnhospital.org/mychart-terms-and-conditions/>. I understand that any updated terms and conditions in effect will be reviewable to me at the time I sign into MyChart, and I must accept the new terms and conditions before proceeding.

I have read all of the above, asked questions, and received answers concerning areas I did not understand. I agree that if an Adolescent for whom I have proxy access becomes eligible to consent on his or her own behalf I will notify my Adolescent's Provider, and I will not be entitled to proxy access unless a subsequent consent is signed.

Patient/Parent/Guardian/Legal
Representative Signature:

Authorization (check box): ☐

Relationship to Patient:

Date:

This form should be completed by the parent or guardian of the patient requesting access, acknowledging, and approving access to medical information in the patients MyChart record, age 14-17. It must accompany the MyChart Teen Consent – (Teen Authorizing Adult Full Access), which provides the name and information of the individual who the patient is acknowledging and approving access to his or her MyChart record as proxy.