

**MyChart PROXY ACCESS REQUEST FORM
AND AUTHORIZATION FOR TEENAGED MINOR**
(Proxy access TO THE MyChart record of a minor 13-17 years of age)

INSTRUCTIONS: In order to receive proxy access to the MyChart account of a teenager (aged 13-17), the parent(s) or legal guardian(s) must sign this form acknowledging that they have read and agree to the **Terms and Conditions** available at <https://mychart.capefearvalley.com>. In addition, the teenager must sign a "Proxy Access Authorization Form For Release of Information" allowing his/her medical information to be disclosed to his/her parent(s) or legal guardian(s) through MyChart. Each parent or legal guardian of the teenager must have their own MyChart account, and if none exists one will be created for them. Proxy access to a teenager's MyChart account will automatically terminate on the teenager's 18th birthday unless revoked by the teenager sooner. Continued access can be requested by completing a new request form and "Proxy Access Authorization Form for Release of Information". If the teenager wants to provide proxy access to his/her legal guardian(s), the request must be accompanied by a copy of all legal documents verifying the individual's status as legal guardian.

TEENAGE PATIENT INFORMATION – all fields are required

Name: _____ Date of Birth: _____
Street Address: _____ City/State: _____
Zip Code: _____ Email: _____ Phone Number: _____
SSN*: _____ Gender: Male Female

PARENT/LEGAL GUARDIAN (PROXY) INFORMATION – all fields are required

Name: _____ Date of Birth: _____
Street Address: _____ City/State: _____
Zip Code: _____ Email: _____ Phone Number: _____
SSN*: _____ Gender: Male Female
Relationship to Teenage Patient (Minor) _____

PARENT/LEGAL GUARDIAN (PROXY) INFORMATION – all fields are required

Name: _____ Date of Birth: _____
Street Address: _____ City/State: _____
Zip Code: _____ Email: _____ Phone Number: _____
SSN*: _____ Gender: Male Female
Relationship to Teenage Patient (Minor) _____

*Required for authentication purposes

MYCHART PROXY ACCESS GUIDELINES, TERMS & CONDITIONS. Only select **one** from the following two categories to describe the type of proxy access requested by the parent(s)/legal guardian(s) of the above-named teenage patient:

- Limited Access** – send messages and schedule appointments only
- Full Access** – view MyChart record, send messages, and schedule appointments

Cape Fear Valley Health System
P.O. Box 2000 / Fayetteville, NC 28302

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**MyChart PROXY ACCESS REQUEST FORM
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BY SIGNING BELOW, PARENT/LEGAL GUARDIAN (PROXY) ACKNOWLEDGES AND AGREES THAT:

- I have read, understand, and agree to the Cumberland County Hospital System, Inc.'s MyChart Terms and Conditions which are available at <https://mychart.capefearvalley.com>.
- I understand that MyChart is not an emergency response system, and is not to be used for urgent and/or emergent messages.
- I understand that my access will automatically terminate on the teenaged patient's (child's) 18th birthday unless revoked by the teenager sooner.
- I agree on behalf of myself and the teenaged minor, to waive and release the teenaged minor's physician, Cumberland County Hospital System, Inc., and its affiliated entities, and their officers, directors, employees, agents, successors and assigns from any and all claims or causes of action that are in any way related to my use of MyChart.
- I understand that MyChart records contain selected, limited medical information from the teenaged minor patient's medical record, and does not reflect the complete contents of the medical record. A complete copy of the teenaged minor patient's medical record may be requested from the teenaged minor patient's healthcare provider subject to applicable federal and state laws, rules and regulations.
- All of the information provided is correct and that I am the parent(s) or legal guardian of the teenaged minor patient named above; if I am the legal guardian, that I have provided copies of all legal documents verifying my status as legal guardian. That in no event will treatment for me or the teenaged minor patient be conditioned on my signing or not signing this form.

Parent/Legal Guardian (Proxy) Signature: _____ Date: _____ Time: _____

Print Name: _____

Parent/Legal Guardian (Proxy) Signature: _____ Date: _____ Time: _____

Print Name: _____

BY SIGNING BELOW, TEENAGED MINOR (PATIENT) ACKNOWLEDGES AND AGREES THAT:

I have read and understand this MyChart Proxy Access Request Form And Authorization, and that I have read, understand, and signed a "Proxy Access Authorization Form For Release of Information". I agree to all terms and designate the person(s) named above as my MyChart Proxy, thereby allowing him/her/them access to my MyChart record containing my protected health information.

Teenaged Minor Patient's Signature: _____ Date: _____ Time: _____

Print Name: _____

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