MyChart PROXY ACCESS REQUEST FORM FOR MINOR

(Proxy access to the MyChart record of a Minor Child)

INSTRUCTIONS: A minor is defined as a child less than 18 years old. This form must be completed and signed by the parent(s) or legal guardian(s) of the minor patient in order to allow proxy access to the MyChart account of a minor patient. Each parent or legal guardian of the minor must have their own MyChart account, and if none exists one will be created for them. The parent(s) or legal guardian(s) must provide the necessary information in the spaces below as well as acknowledge that they have read and agree to the abide by the **Terms and Conditions** available at **https://mychart.capefearvalley.com/mychart** A separate form must be submitted for each child. If access is requested by both parents or by more than one legal guardian, each parent and legal guardian must sign this form in the space provided. **Once the minor reaches age 18, proxy access will automatically terminate**. If the person requesting proxy access is a legal guardian, the request must be accompanied by a copy of all legal documentation verifying the individual's status as legal guardian.

MINOR 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 Minor Patient (Child) _____

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 Minor Patient (Child) _____

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE THAT MY PROXY ACCESS IS THAT OF A PARENT ACCESSING THE MYCHART RECORDS OF MY CHILD (0-less than 18 years old):

- 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/mychart**
- 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 minor patient's (child's) 18th birthday.

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- I agree on behalf of myself and the minor(s) I am caring for, to waive and release the 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 minor patient's medical record and does not reflect the complete contents of the medical record. A complete copy of the minor patient's medical record may be requested from the minor patient's healthcare provider.
- All of the information provided is correct and that I am the parent(s) or legal guardian of the minor patient(s) 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 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:_____