



MyChart Child Proxy/Release of Information Form

- Proxy access allows access to the MyChart account of a Texas Children's patient other than yourself.
• You may request proxy access if you are:
1. the parent or legal guardian of a minor child under the age of 18, or
2. a legally appointed guardian or healthcare decision maker for a patient over the age of 18.
• In order to obtain proxy access to the MyChart account of a Texas Children's patient, please complete the information below.

Parent/Guardian information for proxy access:

Parent/Guardian Name _____ Parent Birthdate _____

Previous Name(s) if applicable _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email [Grid of 25 empty boxes]

Proper ID must be validated and a copy provided with this application.

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

- I understand that by signing this authorization, I am providing Texas Children's with documentation of my authorization to provide access to this patient's protected health information through MyChart.
• I am entitled to access the patient's protected health information as his/her parent or legal guardian.
• My rights to access to this 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.
• I understand that Texas Children's reserves the sole right to determine whether proxy eligibility exists and to whom it will grant Proxy Access rights.
• I understand that this authorization must be filled out completely and signed and dated in order to be considered valid, and activation of the MyChart Proxy access feature must occur within 60 days from the date of this authorization.

Signature of Patient/Authorized Person _____ Authorized Person's Authority to Sign _____ Date _____
(parent, guardian, power of attorney, etc.)

Patient information: (Patient to which proxy access is requested)

Patient Name _____

Previous Name(s) _____ Birthdate _____

Relationship to patient:

- ____ Custodial Parent _____ Legal Guardian *
____ Non-Custodial Parent _____ Durable Power of Attorney for Healthcare (DPOA) *
____ Spouse _____ Other (specify)

*A copy of the appropriate legal documentation is required.