

OCHIN MyChart Child Proxy Form

Access to your Child's Electronic Health Records

To sign up for your Child's MyChart, please fill out this form and return to Peoples Center Clinics & Services via:

Mail: 425 20th Ave S, Minneapolis , MN 55454

Fax: 612-238-3534

Email: medicalrecords@peoples-center.org

Parent/Guardian Information: (All Sections are Required– Please Print Clearly)

Name:	_____		
SSN:	_____	Date Of Birth:	_____
Street Address:	_____	City:	_____
		State:	_____
		Zip:	_____
Email Address:	_____		

Please note the age range restrictions when using proxy access of your child's MyChart. These restrictions are not reflective of your legal rights when requesting copies of your child's medical records. Please use the Authorization to Release Information on our website at Peoples-center.org to request copies of medical records.

- **Age 0-12:** you will have FULL ACCESS to your child's MyChart
- **Age 13-17:** you will have PARTIAL ACCESS to your child's MyChart
- **Age 18:** you will NO LONGER HAVE ACCESS to your child's MyChart

Child's Information: (All Sections are Required– Please Print Clearly)

Name:	_____		
SSN:	_____	Date Of Birth:	_____
Street Address:	_____	City:	_____
		State:	_____
		Zip:	_____
Email Address:	_____		

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MyChart terms and agreement

- I understand that MyChart is a secure online platform of my child's confidential health information. Sharing the username and password with another person gives them access to view confidential health information of my child.
- I agree that it is my responsibility to manage the confidential password and change it if I believe the password has been compromised.
- I understand that MyChart contains limited medical information and does not reflect the health record in its entirety .
- I understand that my actions and activities in MyChart may be tracked electronically and can become part of the permanent health record
- I understand that MyChart is provided as a convenience by Peoples Center Clinics & Services, and they have a right to end access to MyChart at anytime, for any reason.
- I understand that MyChart use is voluntary and I may terminate services at anytime or stop using my authorized proxy.

Signature of Parent/Guardian *(required)*

Relationship to Patient *(required)*

Date *(required)*

MyChart Proxy Cancellation Request

I am requesting to terminate MyChart Proxy access for said patient on page 1. I understand that if I want proxy access again I must do so in writing by filling out the MyChart Proxy form.

*Please note that the requesting person must fill out the Parent/Guardian section and Child's Information section on page 1 and must match the original MyChart Proxy Form.

Signature of Parent/Guardian *(required)*

Relationship to Patient *(required)*

Date *(required)*