

This form should be completed by a parent or permanent legal guardian (“Proxy”) who wants access to portions of their child’s electronic protected health information (“ePHI”) through MyChart, maintained by Community Health Systems and affiliated physicians. The Proxy will need to provide photo ID and any other required documentation before Proxy access will be granted.

There are age range limitations for MyChart Proxy access. These age range limitations do not affect any legal right I have to access the Child’s record by other means. I can request a paper copy of the Child’s record by contacting the Health Information Management department.

Select the type of Proxy Access you are requesting below:

- For Minor Access (0-11):** Please check box if your child is under the age of 12. For a child age 0 to 11 years, you will be granted full access to the Child’s MyChart account. On the Child’s 12th birthday, you will no longer have full access to the Child’s MyChart account and your access will downgrade to Teen Default Access (12-17).
- For Teen Default Access (12-17):** Please check this box if your child is between the ages of 12 and 17. Proxy access is limited to ensure privacy for our teen patients in accordance with state laws around teen confidentiality rights. Proxy will be able to view teen’s upcoming visits with providers and message providers on behalf of teen. In order for you to have full access to your teen’s MyChart account, your teen will need to complete a separate authorization form, Teen Authorization for MyChart Proxy (Full Teen Access).
- Patients without Decision-Making Capacity (12-17 years old):** Please provide a letter from the provider confirming the patient is without decision-making capacity or documentation in the medical record, written by the provider, supporting the patient’s inability to make decisions.

Child/Teen’s (“Patient”) Information – one form per child/teen

Patient’s Name: _____

DOB: _____ Phone: _____

Address/ City/State/Zip: _____

Parent/Permanent Legal Guardian (“Proxy”) Information

In order to view the Child/Teen’s (“Patient’s”) information, the Proxy must also obtain their own MyChart account.

Proxy’s Name: _____ DOB: _____

Address/ City/State/Zip: _____

Email address (required): _____

*Social Security Number: _____ Phone: _____

* Full SSN required if Proxy does not have an existing MyChart account. It uniquely identifies the Proxy individual.

* Only the last 4 digits of a SSN is required if the Proxy has an existing MyChart account.

Health Information Management

**Proxy Access Request to a Minor’s
MyChart Account**



