

Please complete and return this form via one of the following:

DELIVER TO	DELIVER TO	FAX TO	EMAIL TO
Clinic	Health Information Management 3137 Frontage Road Oakwood, GA 30501	MyChart Support Helpdesk 770-219-2667	MyChart Support Helpdesk MyChart.Support@NGHS.com

Proxy Access – Adult to Minor (Child)

To request access to a minor child's MyChart account you must complete this form. Note that the minor's chart will be accessed through your MyChart account. Completing this form will establish a MyChart account for you (if one doesn't exist) and the minor patient. If you have questions, please call Health Information Management at 770-219-1963.

MyChart Terms & Conditions

- I understand that MyChart is a secure online place for confidential medical information. If I share my MyChart ID and password with another person, that person may be able to look at my health information, my child's health information, and health information about someone who has given permission to me as a MyChart proxy.
- I agree to keep my login ID and password secure. I will change my password if I think someone else might know it.
- I know that MyChart contains some medical information from a patient's medical record and that MyChart does not contain the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested for Health Information Management by completing a Consent for Release of Information form. I can obtain a copy of the form online at www.NGHS.com, by calling 770-219-0500 to request a copy or by stopping by the Health Information Management Department located at 3137 Frontage Road, Oakwood GA 30501 to pick up the form.
- I know that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I know that access to MyChart is provided by Northeast Georgia Health System (NGHS) as a courtesy for its patients and that NGHS has the right to turn off access to MyChart at any time for any reason.
- I understand that NGHS is not a provider of patient care services; rather, it is a parent organization of a family of affiliate care providers providing health information management services through its Health Information Management department.

***Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child's record by other means.**

- If a minor patient is **between the ages of 0 – 12**, parents/legal guardians will be granted FULL access to the minor's MyChart account.
- If a minor patient is **between the ages of 13 – 17**, parents/legal guardians will be granted LIMITED access to the minor's MyChart account. Parents/legal guardians can request appointments, view immunization records and send messages on the minor's MyChart account.
- Once a minor patient reaches 18 years of age, parents/legal guardians will no longer have access to the patient's MyChart account unless the patient consents to access. Parents/legal guardians will LOSE ACCESS.
- If a minor patient is emancipated, parents/legal guardians will NOT have proxy access.

Northeast Georgia Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, visit www.nghs.com/nondiscrimination

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 770-219-1689 (TTY: 1-800-255-0135).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 770-219-1689 (TTY: 1-800-255-0135).

Please complete page 2 of this form.

Please provide the following information for each patient: (If you have more than one minor for whom you would like proxy access, please complete a separate form for each minor.)

Minor's Information: (All sections are required – please print clearly)

Complete this section with information about the patient whose MyChart account you're requesting access to.

Name: _____ Date of Birth: _____

Email Address: _____ Last 4 digits of SS #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Primary Clinic: _____

Requestor's (Proxy) Information: (All sections are required – please print clearly)

This section must be completed by and about the individual requesting access to the minor patient's MyChart account.

Name: _____ Date of Birth: _____

Email Address: _____ Last 4 digits of SS #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Primary Clinic: _____

By signing below, I state that I have read the contents of this MyChart Proxy Authorization Form and I agree to its terms and conditions.

Standard Adolescent Proxy Access Permission

I have provided legal documentation that authorizes me to have access to this patient's MyChart account.

_____/_____/_____
Signature of Parent/Legal Guardian Relationship to Patient Date

_____/_____/_____
Signature of Patient (or authorized person) Relationship to Patient Date
(Required for patients 13 and over)

Full Adolescent Proxy Access Permission

For minor patients between 13 - 18 years of age, please complete this section to grant parent/legal guardian **FULL** MyChart access.

I _____ hereby understand that with my signature I am granting my parent/legal guardian access to **ALL** my medical information including, but not limited to: medications, past and future appointments, all messages to and from my provider(s), test results, immunizations and billing information.

_____/_____
Signature of Patient (or authorized person) Date
(Required for patients 13 and over)



For Clinic Use Only
 Place Patient Label Here
 Send to HIM to be scanned