

Relationship to patient:

Other\*\*:

Legal Guardian\*

Parent

## MyChart 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:

- the parent or legal guardian of a minor child under the age of 18, or
- 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 <u>all</u> the information below.

## Parent/Guardian/Spouse information for proxy access: Parent/Guardian/Spouse DOB: \_\_\_\_\_ Parent/Guardian/Spouse Name: Previous Name(s) if applicable:\_\_\_\_\_\_ Have you been seen or treated at any TCH facility? \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Work #: Home #: If different: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Address: \_\_\_\_\_ Work #: Email Copy of proper ID must be provided and validated. This will be filed 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, legal guardian or spouse. • I am **not** a Foster Parent of the patient 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: MRN: Previous Name(s) if applicable: \_\_\_\_\_\_ DOB: \_\_\_\_\_

Foster Parent

Spouse