

Parent



MyChart and MyChart Bedside Proxy/Release of Information Form

Completing this form allows access to portion of a patient's health record (other than yourself) via the MyChart and MyChart Bedside.

- 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
- MyChart Bedside Proxy allows access to portions of your minor child's medical record during an inpatient admission at Texas Children's.
- I understand that Texas Children's may loan me a tablet to use for MyChart Bedside to view patient health information during an inpatient stay.

In order to obtain proxy access to the MyChart account of a Texas Children's patient, please complete <u>all</u> information below.

Parent/legal guardian information for proxy access:

Parent/guardian name:	Parent/guardian DOB: Have you been seen or treated at any Texas Children's facility?	
Previous name(s), if applicable:		
Address:	City: S	State: Zip:
Home Phone: Work Phone:		
E-mail:		
Proper ID must be provided and validated, which we Health Information Management (HIM) @ 832-825. AUTHORIZATION TO RELEASE PROTECTED HOLD In the Information of the provide access to this patient's protected here.	-0124. EALTH INFORMATION I am providing Texas Children's with docun	nentation of my authorization
 I am entitled to access the patient's protected here. I am <u>not</u> a Foster Parent of the patient. My rights to access to this patient's protected here. The documents I have provided in support of me true and correct copies and are the most recent I understand that Texas Children's reserves the grant Proxy Access rights. 	nealth information as his/her parent or legal nealth information have not been modified in my right to access the patient's protected he at documents related to this matter. The sole right to determine whether proxy elig	ly appointed guardian. In any manner by any court of alth information, if any, are ibility exists and to whom it will
 I understand that this authorization must be fille and activation of the MyChart proxy access fea 		
	Authorized Person's Authority to Sign parent, guardian, power of attorney, etc.)	Date
Patient information: (Patient to which proxy access is	s requested)	
Patient Name:	MR	N:
Previous Name(s), if applicable:	DC	DB:
Relationship to patient:		

Other**:

Foster Parent ____ Legal Guardian*