

Minor MyChart Proxy Form

Access to a Minor's MyChart Record

MyChart is a patient accessible website that enables you to interact with your Baylor Medicine healthcare team. To request access to the MyChart record of a minor patient (17 years or younger), the patient's legal representative (e.g., parent for minor(s); or guardian) must complete and sign this form. Please note that the minor patient's record will be accessed through the legal representative or proxy's MyChart account. By completing this form, you, as the legal representative will establish a MyChart account for you as the proxy, and for the minor patient in those cases where a MyChart account does not already exist.

PROXY Information (All sections required – PLEASE PRINT LEGIBLY)

The **legal representative requesting access** to an minor's MyChart record should complete this section.

Proxy name (last, first, middle initial) _____

Date of Birth _____ Social Security Number (last 4 digits) _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

PATIENT Information (All sections required – PLEASE PRINT LEGIBLY)

Patient name (last, first, middle initial) _____

Date of Birth _____ Social Security Number (last 4 digits) _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

I understand that access to MyChart is provided by Baylor College of Medicine (BCM) as a convenience and that BCM has the right to deactivate access to MyChart at any time for any reason.

I understand I will be given a separate log-in (username and password) to the patient's MyChart account and agree not to share it with anyone. I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way. If I share MyChart username and password with another person, that person may access the patient's health information and would be a violation of Federal and State laws, resulting in termination of my proxy access to the patient's MyChart record and can result in civil penalties against me.

Patient Name _____

I understand that MyChart is intended as a secure online source of confidential medical AND billing information. I understand that MyChart contains selected, limited medical information and that it does not contain the complete medical record.

If my relationship as legal representative of the patient changes, BCM must be immediately informed by sending written notice to the BCM health care provider. As the parent or guardian of a minor patient, I understand that my proxy access will be deactivated once the minor patient attains the age of eighteen (18) years. I also understand that information in the MyChart portal can be drastically limited upon request from the minor patient between the ages of 13 and 17.

I understand that access to the patient's MyChart account will be terminated upon the patient's death in accordance with federal and state laws.

I acknowledge that I have read and understand this form. I agree to its terms and choose to designate myself as the MyChart proxy of the patient listed above, thereby allowing access to the patient's MyChart account.

- I, the **Proxy**, have been seen as a patient at the Baylor St. Luke's Medical Center.
- I, the **Proxy**, already have an established MyChart account with Baylor Medicine.

Date _____
Signature of Patient's Legal Representative

Relationship to Patient _____

Indicate which of the following valid documents provides authority to sign as Legal Representative for patient. A copy of the chosen document(s) will need to be scanned into the patient's chart if not already provided:

- Driver's License of _____
- Birth certificate of _____
- U.S. passport of _____
- Visa and foreign passport of _____
- Court Order, dated _____
- Power of Attorney or other Legal Document showing status as Legal Representative

Upon completion, **return this form and a copy of your valid document/s** to the front desk. Otherwise please return these forms by:

Email smb_myhelp@bcm.edu
 Fax 713-798-3477
 Mail Baylor College of Medicine
 c/o Release of Information
 Patient Resource Center Two
 Greenway Plaza, Suite 900
 Houston, TX 77046

Forms returned in-person or by email will take 3 days to process. Requests remitted by fax or mail can take up to 21 days to be completed. If the proxy doesn't already have a MyChart account, instructions will be emailed to the provided address.