



Child Proxy Form

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete this Child Proxy Form and return it to your Community Care Network Physician's office or fax it to the HIM department at **219-513-2564**. Please note that your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child.

Limited access only is available for children between the ages of 13 and 18.

Parent/Guardian Information: (All sections required – please print clearly.)

Name (*last, first, middle initial*) _____
 Social Security Number: _____ Date of Birth: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____ Phone Number: _____
 Primary Physician: _____

Please provide the following information for each child: (All fields are required. If you have more than two children for whom you would like proxy access, please request another form.)

1. Name (*last, first, middle initial*): _____
 Social Security Number: _____ Date of Birth: _____
 Primary Physician: _____
2. Name (*last, first, middle initial*): _____
 Social Security Number: _____ Date of Birth: _____
 Primary Physician: _____
3. Name (*last, first, middle initial*): _____
 Social Security Number: _____ Date of Birth: _____
 Primary Physician: _____

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or my child's health information, and health information about someone who has authorized me as a MyChart proxy.
- 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.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Community Healthcare System and Community Care Network as a convenience to its patients and that Community Healthcare System and Community Care Network has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

Signature of Parent/Guardian

Relationship to Patient

Date (Required)