



To the Requesting Parent/Guardian,

In order to ensure that MyChart is a secure way to view portions of a patient's personal medical information, we require three (3) identifiers to grant proxy access. The identifiers are:

- A MyChart access code (provided by Inova/Valley Health);
- The Parent/Guardian's date of birth; and
- The Parent/Guardian's FULL social security number.

Please enter the Parent/Guardian's FULL social security number here: _____; and complete page 2 of this form.

Upon completion of your request, page 1 will be shredded and page 2 will be retained in the permanent medical record.

The parent/guardian will access the proxy account through the parent/guardian's own MyChart account. If the parent/guardian does not have a MyChart account, one will be created. The parent/guardian will receive an email confirmation that their own MyChart account has been activated.

If you have any questions about the use of your social security number and our process for granting proxy access, please feel free to speak to an Inova or Valley Health staff member.

PLEASE NOTE: Proxy access is only valid for children ages 0 - 11 years. When the child turns 12, the proxy is no longer effective, and your access to the child's record will be discontinued.

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: Male Female

**Inova
Valley Health
MyChart Proxy Form - Pediatric**





1PROXY

You may request access to another patient's MyChart record in limited circumstances, including for patients whose medical care you manage, such as minor children. To request access to the MyChart record of a patient whose medical care you help manage, please complete this form. **Upon completion return this form to Inova or Valley Health Staff.** Access to this patient's MyChart record will be provided only after approval by Inova or Valley Health. Upon approval, this form will authorize Inova or Valley Health staff to designate proxy access in Epic and establish a MyChart record both for you and for the patient. Please note that the patient's chart will be accessed through your (the proxy's) MyChart record.

Parent/Guardian's Information (All sections required - please print clearly.)

This section should be completed by the individual requesting access to another Patient's MyChart record.

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

Patient's Information (All sections required - please print clearly.)

Complete this section with information about the patient whose MyChart record you are requesting to access.

Name (last, first, middle initial) _____ Date of Birth _____
Street Address: _____ City: _____ State: _____ Zip: _____

MyChart Terms and Agreement

- I am authorized to manage the medical care of the above patient because:
 - I am the patient's parent, and the patient is less than 12 years of age.
 - I am the court-appointed guardian of the patient (please provide documentation) and the patient is less than 12 years of age.
- I understand that MyChart is intended as a secure online source of confidential medical information. If were to I share my MyChart ID and password with another person, that person may be able to view my or my child's health information, as well as the health information of anyone who may have authorized me as a MyChart proxy. I understand that the sharing of my MyChart ID and password is strongly discouraged as it may compromise personal medical information. Inova or Valley Health are not liable for breach of privacy that may result from such sharing.
- 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 also understand that a paper copy of a patient's medical record may be requested from Health Information Management (Medical Records Department).
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by Inova and Valley Health as a convenience to their patients and that Inova and Valley Health have 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 the MyChart terms and conditions and I agree to all terms.

_____/_____
Parent/Guardian (signature) Date/Time
➔ _____/_____
Parent/Guardian (print name) Relationship to Patient

Inova/Valley Health Staff: Upon completion, please SHRED page 1 and retain page 2 as part of the permanent medical record

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____
Date of Birth: _____ Medical Record # _____
Gender: Male Female

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