



# Montefiore

## MONTEFIORE MYCHART CHILD PROXY AUTHORIZATION FORM

To be Completed by Parent or Legal Guardian

Patient Information/Label

Request to access to your Child's Montefiore MyChart record

To access your child's Montefiore MyChart record, please complete both pages of this form. Completing this form will establish a Montefiore MyChart account for you to manage the care of your child online through Montefiore MyChart.

Please note that this form should not be used in the case of an emancipated minor. An emancipated minor should use the Adult Montefiore MyChart Proxy Consent Form. Below are the following age range limitations for Montefiore MyChart.

- If your child is age 0-11, you will be granted full access to your child's Montefiore MyChart record. Once you're child reaches the age of 12, you will be granted limited access to your child's Montefiore MyChart record (e.g. request appointment).
- If your child is age 12-17, you will be granted limited access to your child's Montefiore MyChart record (e.g. request appointment).
- Once your child reaches age 18, you will no longer have access to your child's Montefiore MyChart record.

**Return completed forms to:** Your Doctor's Office and allow upwards of 48 hours for processing, then contact the Montefiore MyChart Support Staff on 855-226-3069 to activate your proxy relationship.

**Please print:**

**Parent/Guardian Information** (All sections required)

Name of Parent/Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Last, first, middle initial)*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Have you received any services at Montefiore Health System, Inc.?  YES  NO

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

Name: (last, first, middle initial)	Date of Birth	Patient address if different from above:
A.		
B.		
C.		
D.		

**Please remember to read and complete page 2 of this form.**

**MONTEFIORE  
MONTEFIORE MYCHART CHILD PROXY  
AUTHORIZATION FORM**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**To be Completed by Parent or Legal Guardian**

**Authority to obtain a child's health information (Check one):**

Check all that apply.

- I am the child's birth parent with current custody.

Child A    Child B    Child C    Child D

Check all that apply.

- I have been awarded custody of the child with the right to make health care decisions (attach court order(s) showing custody/right).

Child A    Child B    Child C    Child D

**MyChart Terms and Agreement:**

- I understand that Montefiore MyChart is intended as an online source of limited, confidential, medical information. If I share or allow my Montefiore MyChart ID and password to be disclosed to another person, that person may be able to view my health information or the health information of any person I have proxy access to.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to immediately change my password if I believe it may have been compromised in any way.
- I understand that Montefiore MyChart contains selected, limited, medical information from a patient's medical record and that Montefiore MyChart does not reflect the complete contents of the patient's medical record.
- I understand that access to Montefiore MyChart is provided by Montefiore Health System, Inc. as a convenience to its patients and that Montefiore Health System, Inc. has the right to revoke access to Montefiore MyChart at any time for any reason.
- I understand that use of Montefiore MyChart is voluntary and I am not required to use Montefiore MyChart.
- I understand that I will no longer have Montefiore MyChart access when my child reaches the age of 18 or upon the Medical Center learning that my child has become emancipated. I also understand that federal and state law may protect the privacy of certain types of medical care sought by un-emancipated minors on a confidential basis.

I acknowledge that I have read, understand, and agree to the terms contained within this Montefiore MyChart Child Proxy Request Form.

\_\_\_\_\_  
PARENT/GUARDIAN PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Examples of ID:**

1. Government issued ID (e.g. driver license, passport, or non-driver ID)

For office use only: Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Department: \_\_\_\_\_