Medical Record #_____
ROI # _____

Proxy Photo ID Verified:_____
Legal Guardianship Verified: _____

## Patient Information

Full Name_____Date of Birth _____
Email Address_____ Social Security Number: XXX-XX-_____(last 4 digits)
Address _____
City State Zip
Day Phone #_____Cell # _____

## Proxy Information

Full Name_____ Date of Birth _____
Email Address_____ Social Security Number: XXX-XX-_____(last 4 digits)
Relationship to Patient_____ I have my own personal MyChart Health Services account: ☐ Yes ☐ No
Address _____
City State Zip
Day Phone #_____Cell # _____

## Proxy Access Type Requested

☐ Medical Records and Billing ☐ Billing Information ONLY (Not available for children 0-11)

## Acknowledgement

- I understand that legal documentation (e.g. Guardianship or Legal Personal Representative) may be required. I must have parental rights or legal guardianship rights to access this child's record.
- I acknowledge that I have not been denied periods of physical placement with the child and there are no court orders or restraining orders in effect limiting my access to this child's medical records and/or information.
- I acknowledge that there are age range limitations for MyChart Health Services Patient Portal. These age range limitations do not affect any legal right I have to access the child's record by other means. I can request a paper copy of the child's record by contacting the Medical Records Department.
- I understand that for a child age 0 to 11 years, I will be granted full access to the child's MyChart Health Services Patient Portal, and on the child's 12th birthday, I will no longer have access to the child's MyChart Health Services Patient Portal.
- I understand by submitting this form I, as the parent or legal guardian, have requested proxy access to the above-named patient's information that resides in the electronic health record portal (MyChart Health Services Patient Portal).
- I understand that the child's medical information is confidential. It is securely maintained in an electronic system by Boulder Community Health.
- I understand that failure to comply with the MyChart Health Services Patient Portal User Agreement may result in the termination of portal access privileges.
- I understand that the child's MyChart Health Services Patient Portal may include a diagnosis or reference to the following condition(s): behavioral health services/psychiatric care; sickle cell anemia; genetic testing; acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV); or drug and/or alcohol abuse.
- I acknowledge if I cease to be responsible for the health care decisions of the child, I will notify The Pediatric Center and/or Boulder Community Health immediately.
- I understand that The Pediatric center and/or Boulder Community Health reserves the right to revoke access to the MyChart Health Services Patient Portal at any time for any reason.
- I acknowledge that I have read and understand this Minor (12-17) Proxy Access form and that the full Terms and Conditions of the MyChart Health Services Patient Portal are available to me online. I agree to its terms and choose to designate the person named above as my Patient Portal Proxy, thereby allowing them access to my Portal account.
- I understand that proxy access will be terminated on the patient's 18th birthday and that future portal access by proxy will have to be reestablished by completing a new proxy access authorization.

**A signature is required to validate this request. By signing this form, the signer is requesting that the person(s) named above be granted access to electronically view the patient's medical record via the MyChart Health Services**

_____
**Signature and PRINTED Name of Patient** Date

## Submit Completed Form To

For questions or to present forms with identification in person: The Pediatric Center, 303-442-2913 4745 Arapahoe Ave. STE 310, Boulder, CO 80303 **frontdesk@thepediatriccenter.net**

**Request for child 12-17 Proxy Access**

**The Pediatric Center and Boulder Community Health are affiliates.**

PATIENT INFORMATION

Place label here.