



MINOR CHILD (0 – 13 Years) PROXY REQUEST 915-002 / 05-21

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 the address shown below. 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. Please provide a government-issued ID for identity verification when submitting this form.

Return forms to your Warren Clinic provider or Saint Francis health care provider. If you don’t have a Saint Francis provider, please submit to: Saint Francis Health Information Department, Release of Information, 6161 South Yale Avenue, Tulsa, Oklahoma 74136.

PARENT / GUARDIAN INFORMATION (All Sections Required ~ Please Print Clearly)
This section should be completed by the individual requesting access to a minor child’s MyChart record.

NAME - LAST, FIRST, MIDDLE INITIAL		<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	LAST 4 NUMBERS OF SSN		
STREET ADDRESS	CHECK ONE Mobile	CITY	COUNTY	STATE	ZIP CODE	COUNTRY
PHONE NUMBER	CHECK ONE: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	EMAIL ADDRESS		SAINT FRANCIS HEALTH SYSTEM PATIENT <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child’s record by other means. To request a paper copy of your child’s record, contact the Health Information Management Department at Saint Francis Health System.

- Once your child reaches **13 years of age**, your access will be limited to appointments, refills, allergies immunization, messages, and billing unless your child consents to full access.
- *If your child has the right under Oklahoma law to consent for his/her treatment before 18 years of age, you may not be granted access to your child’s MyChart record, unless your child consents to your access.*

CHILD’S INFORMATION (All Sections Required ~ Please Print Clearly)
Complete this section with information for the child for whom proxy is requested.

NAME - LAST, FIRST, MIDDLE INITIAL		<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	LAST 4 NUMBERS OF SSN	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE	COUNTRY

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 for whom I have 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 my child’s medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of my child’s medical record may be requested from the Health Information Management Department at Saint Francis Health System.
- 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 Saint Francis Health System as a convenience to its patients and that Saint Francis Health System 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.
- If the proxy’s legal relationship with the patient changes, Saint Francis Health System must be informed immediately by sending written notice to your Saint Francis health care provider.

By signing below, I acknowledge that I have read and understand this MyChart sign-up document and the attached Terms and Conditions, and attest that I am the parent or legal guardian of the above named minor child.

PARENT / LEGAL GUARDIAN SIGNATURE	DATE	TIME
PRINTED NAME	RELATIONSHIP TO PATIENT	

