



**NHRMC
MyChart Child Proxy Request
Access to Your Child’s MyChart Record (Child is defined as under the age of 18)**

To sign up for access to your child’s MyChart record, please complete both pages of this MyChart Child Proxy Request 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.

Return all forms to: NHRMC or Fax (910) 815-5675
HIM Department
PO Box 2400
Wilmington, NC 28402

Parent/Guardian Information: (All sections required- please print clearly.)
COPY OF PHOTO ID REQUIRED

Name (*last, first, middle initial*) _____
Social Security # (last 5 digits only): XXX-X _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

My relationship to the child is as follows:

- Parent
- Permanent Legal Guardian – Must include a copy of the Court Order Appointing Guardian and letters of Guardianship verifying the Proxy's status as permanent legal guardian of the patient.

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 copy of your child’s record, contact NHRMC Health Information Management Department.

- If your child is **age 0-12**: You will be granted full access to your child’s MyChart record.
- If your child is **age 13-17**: You will be granted access to your child’s MyChart record, with limited information
- Once your child reaches **age 18**, you will no longer have access to your child’s MyChart record.

I am requesting that I receive access to my child’s NHRMC MyChart record. I am the designated MyChart proxy. I understand that the medical information on MyChart is obtained from the electronic medical record and may include information from NHRMC and the affiliated covered entities. I authorize release of any information contained in my child’s MyChart record held by NHRMC to me via proxy. This may include sensitive information pertinent to substance abuse, birth control, sexually transmitted infections and mental health.

- I understand this form does not authorize release of my child's medical record by other methods or in other forms.
- I understand that once health information has been disclosed, the recipient may potentially re-disclose that information and the disclosed information may no longer be covered by federal privacy protections.
- Proxy access may also be revoked any time by providing a written request for revocation to NHRMC Attn: Health Information Management POB 2400 Wilmington, NC 28402. If this access is revoked, my access to my child's MyChart record will be ended. Revocation of this access will not affect any disclosures that were made prior to processing the revocation request.

THIS FORM IS PART OF THE PERMANENT MEDICAL RECORD



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Please provide the following information for your child: (All fields are required. If you need additional forms, please request another form or print one from www.nhrmemychart.com under Terms and Conditions.

Name (*last, first, middle initial*): _____

Social Security # (last 5 digits only): XXX-X _____ Date of Birth: _____

NHRMC Physician Group office: _____

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential 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 to act 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 also understand that a copy of a patient's medical record may be requested from NHRMC Health Information Management Department.
- 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 NHRMC as a convenience to its patients and that NHRMC and its Affiliated Covered Entities 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 Child Proxy Request and I agree to its terms. I also understand that use of MyChart may be subject to other Terms & Conditions, which may change from time to time.

Printed Name: _____ Date: _____
(Patient or Authorized Representative)

Signature: _____ Date: _____
(Patient or Authorized Representative)

Relationship if other than Patient: _____