Child Proxy Access Request Form

My**Chart**

by Hawai'i Pacific Health

PLEASE PRINT THE CHILD'S INFORMATION IN THIS BOX (patient label ok)

Child's Name (last, first, middle initial):______Legal Sex:_____

Date of Birth:

Medical Record Number (MRN):

Month Day Year

I understand that Hawai'i Pacific Health and its affiliate health care providers (collectively, "HPH") share an integrated electronic medical record. I also understand the general policy of HPH is not to disclose my child's Protected Health Information (PHI) to others without my permission unless they are directly involved in my child's care, or as permitted or required by law. **To sign up for access to your child's health information via MyChart by Hawai'i Pacific Health ("MyChart"), please complete this form and return it to your child's provider's office.** Please contact the provider's office if you need assistance with completing this form.

Please note: To set you up as a proxy, you must have your own MyChart account. Completing this form will allow us to create a MyChart account for you if you do not already have one.

	RMATION OF PARENT/GUARDIAN REQUESTING / OR BEING GRANTED PROXY ACCESS: elds are required - please print clearly)			
Name (last, first, middle initial):				
Date of Birth:	Relationship to Patient:			
Street address:	City:	State:	Zip:	
Mobile Phone #:	Email address:			

MYCHART BY HAWAI'I PACIFIC HEALTH ACCOUNT TERMS AND AGREEMENT. I understand that:

- MyChart is provided as a secure online source of confidential health information.
- MyChart contains select, limited health information from my child's medical record and it is not the complete contents of the medical record. A copy of the patient's medical record may be requested by contacting the Health Information Management Department.
- If I share my username and password with another person, that person may be able to view my and my child's health information.
- 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 confidentiality may have been compromised in any way.
- It is my responsibility to ensure that my email address is current at all times. If my email address is not current I will not receive important MyChart messages from HPH.
- My activities within MyChart are tracked electronically and entries I make may become part of the medical record.
- MyChart proxy access is provided as a convenience to patients. HPH has the right to end access at any time, for any reason.
- Use of MyChart is voluntary. I am not required to use MyChart.
- Child proxy access will be limited as described below. These age range limitations do not affect any legal right I may have to access
 my child's record by other means. I can request a copy of my child's record by contacting the Health Information Management
 Department
 - o Age 0-13: you will be granted full access to your child's health information in MyChart.
 - Age 14-17: you will be granted partial access to your child's health information in MyChart (appointment scheduling, immunizations).
 - Age 18: you will no longer have access to your child's health information in MyChart.
- I am responsible for updating MyChart account access information as needed.

Approval Signature of Parent and/or Legal Guardian:

Print Name:

_____Date:_____

I am a Foster Parent *please have proof of guardianship available.

If signed by someone other than the parent or legal guardian, please describe your legal authority to act on behalf of the Patient: