

Child Proxy Access Request Form



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 MyChart account 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: You must have your own MyChart account to access your child's MyChart record. Completing this form will allow us to create a MyChart record for you if you do not already have one.

**INFORMATION OF PARENT/GUARDIAN REQUESTING /OR BEING GRANTED PROXY ACCESS:
(all fields 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 record contains select, limited medical information from my child's health record and it is not the complete contents of the health record. A copy of the patient's health 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 my MyChart account may be tracked electronically and entries I make may become part of the health 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 my MyChart account is voluntary. I am not required to use my account.
- 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 Services Department
 - Age 0-13: you will be granted full access to your child's MyChart record.
 - Age 14-17: you will be granted partial access to your child's MyChart record (appointment scheduling, immunizations).
 - Age 18: you will no longer have access to your child's MyChart record.

My Responsibility: I understand it is my responsibility to update this 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: