



For Provider Practice Use Only

Place Patient Label Here

Proxy Access – Adult to Minor (Child)

Access Authorization to a Minor’s MyChart Record

To request access to a minor child’s UHS MyChart account you must complete this form. Note that the minor’s chart will be accessed through your UHS MyChart account. Completing this form will establish a UHS MyChart account for you (if one doesn’t exist) and the minor patient. If you have questions, please call UHS MyChart Support, at 607-584-4004.

Please complete and return this form to the minor child’s provider office:

DELIVER TO Minor Child’s Provider Office	QUESTIONS? <i>Email:</i> MyChart@nyuhs.org <i>Phone:</i> 607-584-4004
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Requestor’s (Proxy) Information: (All sections are required – please print clearly)

This section must be completed by and about the individual requesting access to the minor child’s UHS MyChart account.

Name: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone Number: _____
Primary Care Provider: _____ Relationship to Patient: _____

Please note the following age range limitations for UHS MyChart. These age range limitations do not affect any legal right you have to access your child’s record by other means.

- If a minor patient is **between the ages of 0 – 11**, parents/legal guardians will be granted FULL access to the minor’s MyChart account.
- If a minor patient is **between the ages of 12 – 18**, parents/legal guardians will be granted LIMITED access to the minor’s UHS MyChart account. With LIMITED access, parents/legal guardians can request appointments, view immunization records and send messages on the minor’s UHS MyChart account.
- Once a minor patient reaches 18 years of age, parents/legal guardians will no longer have access to the patient’s UHS MyChart account unless the patient consents to access. Parents/legal guardians will LOSE ACCESS, unless it is granted through the Proxy Access for Adult to Adult.
- If a minor patient is emancipated, parents/legal guardians will NOT have proxy access unless they are granted through the Proxy Access for Adult to Adult.

Please provide the following information for the patient: (If you have more than one minor for whom you would like proxy access, please complete a separate form for each minor.)

Minor’s Information: (All sections are required – please print clearly)

Complete this section with information about the patient whose MyChart account you’re requesting access to.

Name: _____ Date of Birth: _____
Email Address: _____ Phone: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Provider’s Name or Practice: _____

Please complete page 2 of this form.

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UHS MyChart Terms & Conditions

Access Authorization to a Minor Child’s MyChart Record

- I understand that UHS MyChart is a secure online place for confidential medical information. If I share my UHS MyChart ID and password with another person, that person may be able to look at my health information, my child’s health information, and health information about anyone who has given permission to me as a UHS MyChart proxy.
- I agree to keep my login ID and password secure. I will change my password if I think someone else might know it.
- I understand that UHS MyChart contains only some medical information from a patient’s medical record and that UHS MyChart does not contain the complete contents of the medical record. I also understand that a paper copy of a patient’s medical record may be requested from Medical Records by completing a Medical Record Authorization form. I can obtain a copy of the form online at www.nyuhs.org/patients-visitors/medical-records, by calling 607-763-6015 option 2 to request a copy or by stopping by the Health Information Management Department at 33 Lewis Road (1st floor), Binghamton, NY 13905 to pick up the form.
- I understand that my activities within UHS MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to UHS MyChart is provided as a courtesy and that access can be turned off at any time for any reason.
- I understand that this authorization is voluntary and applies to all United Health Services affiliated entities (including United Health Services Hospitals, Inc., Chenango Memorial Hospital Inc., Delaware Valley Hospital, Inc., Professional Home Care, Inc., Twin Tier Home Health, Inc. and United Medical Associates, P.C.) (collectively the “UHS Entities”). If I do not sign or if I revoke this authorization, the UHS Entities will still provide treatment to the minor child and will seek payment for services provided. I also understand that if I do NOT sign, the UHS Entities are NOT permitted to provide proxy access to the minor child’s UHS MyChart account.

The UHS Entities comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, visit www.nyuhs.org/patients-visitors/notice-of-nondiscrimination

By signing below, I state that I have read the contents of this UHS MyChart Proxy Authorization Form and I agree to its terms and conditions.

▶ _____ / _____ / _____
 Signature of Parent/Legal Guardian Relationship to Patient Date