# MyChart Authorization for Minor Proxy Access (Form only used for minors age 12 – 17)



Patient Information			
Patient Name		DOB	
Street Address		Phone	
City	State	Zip Code	
Personal/Legal Representative Information (Proxy)			
In order to view the Patient information in Salem Health MyChart, the Proxy must also obtain their own MyChart Account.			
Name		DOB	
Street Address		Phone	
City	State	Zip Code	
Relation to Patient			
Email Address			

#### Welcome to Salem Health MyChart

Salem Health is pleased to offer you and/or your parent/legal guardian access to your protected health information using MyChart. If you use MyChart, you may authorize individuals to view your health information in MyChart. Logging into Salem Health MyChart for someone else means that you are acting as that person's proxy. To request the appropriate Salem Health MyChart Proxy access, please complete this form.

#### Salem Health MyChart Proxy Access for a Minor

A minor is an unmarried, not emancipated, person under the age of 18. Only individuals with parental rights or legal guardianship over minors shall be provided proxy access to that minor's MyChart account. If you are not the birth or adoptive parent, you must provide documentation that establishes that you are the legal guardian for this patient. Some information within MyChart regarding minors between the ages of 12-17 years old may be limited in accordance with Oregon and Federal Privacy Laws. Please note the following age limitations for access to a minor's MyChart. These range limitations do not affect any legal right you have to access your child's records by other means.

- If your child is age **0-11**, parent/legal guardian will be granted full access to the child's MyChart record. (Use MyChart to request this access)
- If your child is age 12-17, parent/legal guardian will be granted partial access to the child's MyChart record.
- Once your child reaches 18 years of age, parent/legal guardian will not be granted any access to the MyChart patient record unless the patient consents to access.

### Minor Patient age 12-17 Terms and Conditions for Granting Proxy Access

I hereby understand that with my signature, I am granting my parent/legal guardian access to my medical information through Salem Health MyChart. Unless revoked by me in writing, proxy access will automatically expire when I turn 18 years old. I understand that I may submit a written request to remove a Proxy at any time.

Signature of patient (Minor, age 12 – 17)	Date

## Parent/Legal Guardian Terms and Agreement for Receiving Proxy Access

I certify that I am the parent or legal guardian of this child. Should my legal authority to make health care decisions for this child change in the future, I will contact Salem Health immediately. I am aware that my proxy access to this child's personal health information will be limited by law when he/she reaches age 12 and revoked at age 18. I understand I will be required to log into Salem Health MyChart with my own MyChart ID and Password. It will be 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. If I share my MyChart ID and password with another person, that person may be able to view my or this child's health information, as well as information about any individual who has authorized me as a MyChart proxy. If I do not have a MyChart account with Salem Health, I will be provided with information to create my own account. I have read and understand the requirements and procedures for accessing protected health information through Salem Health MyChart. I agree to comply with Salem Health MyChart Terms and Conditions of Use.

Parent/Legal Guardian Name	Signature

Please submit completed form and any legal papers to Health Information Management