



Pediatric Proxy Access Request Form

(0-11 years old)

GHC's MyChart is a secure, online tool that connects you to portions of your GHC electronic health record. To request access to MyChart, please read this form carefully and complete the appropriate fields below.

Proxy Access to a Child's MyChart:

Parents/legal guardians may have access to a child's MyChart based on the following guidelines. The child's primary care provider/physician may determine that the child is capable of making his/her own decisions and ask for the child's consent before allowing parent/legal guardian access to the child's MyChart.

Children between ages 0-11: The parent or guardian can be granted full access to the MyChart record upon approval of application. The patient will have access only with permission of the parent/legal guardian or at the discretion of the primary care provider/physician.

Patient Information: *(all sections required - please print clearly)*

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

DOB: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Will the patient be accessing MyChart? If so, patient email is required.

Email Address: _____ Phone Number: _____

Parent/Guardian Information: *(all sections required - please print clearly)*

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

Relationship to patient: _____ DOB: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

Have questions about this form?

Please contact Medical Records at (705) 759-5542.

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Proxy Designation: *(For those requesting access to a patient's MyChart record)*

This section authorizes the Group Health Centre to release your personal health information to another individual such as a second guardian (proxy). Please read it carefully. This section should be completed by the patient or substitute decision maker who is authorizing another person to access personal information in his or her MyChart record.

My Proxy's information:

Same as Parent/Guardian.

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

Relationship to patient: _____ Date of Birth: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

This person is a designated MyChart proxy.

- I authorize GHC to release the health information contained in the MyChart record to this MyChart proxy.
- I authorize release of this information only through the MyChart Record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.
- I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may or may not be covered by privacy protections.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that my health care treatment or other services will not be conditional on whether I provide this authorization. However, I also understand that if I do not provide authorization, GHC is not permitted to provide access to my MyChart record to my designated proxy.

I may revoke this authorization at any time by providing a written or verbal request for revocation to GHC Medical Records or my primary care provider's office or completing the MyChart Deactivation Form. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

PLEASE SIGN BELOW:

Signature of Patient (or authorized person) _____
Date

Signature of Parent/Guardian or Proxy _____
Date

FOR INTERNAL USE:

HIM APPROVED

Signature of Physician/Primary Care Provider

Date