

DELIVER TO	DELIVER TO	FAX TO	EMAIL TO
Clinic	Health Information Management 3137 Frontage Road Oakwood, GA 30501	MyChart Support Helpdesk 770-219-2667	MyChart Support Helpdesk MyChart.Support@NGHS.com

Proxy Access – Adult to Minor (Child)

To request access to a minor child's MyChart account you must complete this form. Note that the minor's chart will be accessed through your MyChart account. Completing this form will establish a MyChart account for you (if one doesn't exist) and the minor patient. If you have questions, please call Health Information Management at 770-219-1963 or email mychart.support@nghs.com.

MyChart Terms and Conditions:

- I understand that MyChart is a secure online place for confidential medical information. If I share my 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 someone who has given permission to me as a 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 know that MyChart contains some medical information from a patient's medical record and that 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 Health Information Management by completing a Consent for Release of Information form. I can obtain a copy of the form online at www.NGHS.com, by calling 770-219-0500 to request a copy or by stopping by the Health Information Management Department located at 3137 Frontage Road, Oakwood GA 30501 to pick up the form.
- I know that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I know that access to MyChart is provided by Northeast Georgia Health System (NGHS) as a courtesy for its patients and that NGHS has the right to turn off access to MyChart at any time for any reason.
- I understand that NGHS is not a provider of patient care services; rather, it is a parent organization of a family of affiliate care providers providing health information management services through its Health Information Management department.

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

Separate accounts are created for the patient and parent(s) that are linked. The parent has sole access to the patient's portal until the patient turns 13, at which point the MyChart becomes Basic Limited Access, however the minor may call MyChart Support and request an Activation Link to set up their MyChart and can then grant the parent Enhanced Access. At 18 years, the patient becomes the sole owner of the portal account. Previous proxy will automatically deactivate, unless we receive court documents stating that the parent remains the medical guardian).

We have identified and tagged certain results that we will not release onto the Patient Portal as we consider these to be sensitive and should have direct communication, such as labs related to pregnancy, sexually transmitted diseases, psychiatrics and genetic results.

When you come into our office for your child's 13 year well child check, you will receive the above information.

- If a minor patient is **between the ages of 0 – 12**, parents/legal guardians will be granted FULL access to the minor's MyChart account.
- Minors age 13-17** can grant either Basic Access or Enhanced Access to their MyChart account.
- Upon the minor turning 18**, parents/guardians automatically lose proxy access and the 18 year old patient will then need to log into their MyChart and request to grant you adult proxy access to their MyChart account.
- If a minor patient is emancipated, parents/legal guardians will NOT have proxy access.

Northeast Georgia Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, visit www.nghs.com/nondiscrimination

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 770-219-1689 (TTY: 1-800-255-0135).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 770-219-1689 (TTY: 1-800-255-0135).

Please complete page 2 of this form.



Instructions: Minors Age 0-17

Parents/Guardians if you have never been a patient please complete the form.

Parents/Guardians may request access from their MyChart. If you have been a patient and need an activation code please contact support at 770-219-1963.

To request access for **ages 0-12** please navigate to the full website <https://mychart.nghs.com/mychart/Authentication/Login?>

Messaging > Request or Remove Access to another Patient, then select: Are you a parent or guardian? Request access to a patient's record.

Minors 13-17 can have their own MyChart by calling 770-219-1963 and requesting an Activation Link.

They can then follow these steps to grant the parent Basic or Full Access. Navigate to <https://mychart.nghs.com/mychart/Authentication/Login?> Messaging > Request or Remove Access to another Patient, then select: Want an adult to have access to your record? Grant an adult access to your record.

Please provide the following information for each 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: _____ Last 4 digits of SS #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Primary Clinic: _____

**If the minor is a legal ward, please return a copy of the legal documentation along with the completed proxy form.*

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 patient's MyChart account.

Name: _____ Date of Birth: _____

Email Address: _____ Last 4 digits of SS #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Primary Clinic: _____

If you are requesting billing access, are you the person responsible for the Patient's bills. (Guardian) Yes or No

By signing below, I state that I have read the contents of this MyChart Proxy Authorization Form and I agree to its terms and conditions. Note: Electronic signatures are not accepted.

Basic Adolescent Proxy Access Consent

For ages 0-12, grants Full Access. **For ages 13-17**, Basic Proxy Access is view-only for immunizations, schedule appointments, and send messages. Parents are not able to view results or appointments.

▶ _____ / _____ / _____		
Signature of Parent/Legal Guardian	Relationship to Patient	Date
▶ _____ / _____ / _____		
Signature of Patient (or authorized person) <i>(Required for patients over 13)</i>	Relationship to Patient	Date

Enhanced Adolescent Proxy Access Consent – (Ages 13-17 Only)

Grants the proxy **FULL MyChart Access**.

I hereby understand that with my signature I am granting my parent/legal guardian access to ALL my medication information including, but not limited to: medications, past and future appointments, all messages to and from my provider(s), test results, immunizations and billing information.

▶ _____ / _____ / _____		
Signature of Parent/Legal Guardian	Relationship to Patient	Date
▶ _____ / _____ / _____		
Signature of Patient (or authorized person) <i>(Required for patients over 13)</i>		Date



FOR CLINIC USE ONLY
PLACE PATIENT LABEL HERE
SEND TO HIM TO BE SCANNED