For Internal Use Only

Not activated as of: ____________________

Activated by: ____________________

Date activated: ____________________

soundfamily MEDICINE®

PATIENT LABEL HERE

MyChart Child Proxy Form

Access to your child's MyChart account (medical record)

To sign up for access to your child's MyChart, please complete, sign, and return this Child Proxy Form to:

- **Any Sound Family Medicine clinic front desk staff**
- **or fax to Medical Records: (253) 435-9318**

If you are a patient of Sound Family Medicine, you will need to have an active MyChart account in order to access your child's MyChart. If you are not a patient, we will set up an account for you once this form has been processed.

Parent/Guardian Information: (Completion of all sections is required.)

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

Date of Birth: ____________________

Street Address: ____________________ City: ____________ State: ______ Zip: __________

E-mail Address: ____________________ Phone Number: ____________________

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. To request a copy of your child's record in paper or electronic format, contact the Medical Records Department at Sound Family Medicine.

- If your child is age 0-12: You will be granted access to your child's MyChart.
- Once your child reaches age 13, you will have limited access to your child's MyChart (see below).

The following information is needed for proxy access: (All fields are required. A form must be provided for each child. If you need additional forms, request another proxy access form from the Health Information (Medical Record) Department or print one from https://www.soundfamilymedicine.com/resources/patient-forms/).

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

Date of Birth: ____________________

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online portal for viewing confidential medical information. If I share MyChart ID and password with another person, that person may be able to view my or my child's health information, and health information about someone who has authorized me as a MyChart proxy.
- I agree that 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 it may have been compromised in any way. I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a copy of a patient's medical record may be requested from Sound Family Medicine.
- This form only authorizes access through MyChart and does not authorize release of medical records by other methods or in other formats.
- I understand that once information has been disclosed, it potentially may be re-disclosed and the disclosed information may not be covered by federal privacy protections.

- I am aware that Sound Family Medicine does not condition any health care treatment, payment, or other services on signing this authorization.
- I understand that patients age 13 and above must consent for the release of information for treatment of mental health and/or substance abuse and patients age 14 and above must consent for the release of information of treatment for birth control and/or sexually transmitted diseases.
- I understand that my activities within MyChart may be tracked by computer audit and entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Sound Family Medicine as a convenience to its patients and that Sound Family Medicine has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up form and I agree to its terms.
- This proxy authorization will expire in 90 days if the associated MyChart account is not activated within that time period.

Signature: ____

Relationship to patient: ______________________________

Date: ____

This form will be scanned into the patient's chart.