

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete this Child Proxy Form and return it to the Yakima Valley Farm Worker's Clinic (the "Clinic") where you receive your primary care. Please note that your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child. Please provide a government-issued ID for identity verification when submitting this form.

Remember, you must return this form to your primary care clinic.

Parent/Guardian Information (All sections required – please print clearly.)

This section should be completed by the parent/legal guardian requesting access to a minor child's MyChart record.

Name (last, first, middle initial): _____ Date of Birth: _____

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

Phone Number (home/mobile/work – please circle one): _____

Email Address: _____ Are you a YVFWC Patient (please circle one): yes/no

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 paper copy of your child's record, contact the Health Information Management Department at Yakima Valley Farm Workers Clinic.

- If your child is **0-12 years of age**: You will be granted full access to your child's MyChart record.
- If your child is **13-17 years of age**: You will be granted limited access (immunizations only, demographic, etc.) to your child's MyChart record unless the child consents to full access.
- Once your child reaches **18 years of age**, you will no longer have access to your child's MyChart record unless the child grants you access through the Adult Proxy Form.
- If your child has the right under applicable law to consent for his/her entire health care before your child reaches 18 years of age, you may not be granted access to your child's MyChart record without consent from your child.

Child's Information (All sections required – please print clearly.)

Please provide the following information for the child for whom proxy is requested.

Name (last, first, middle initial): _____ Date of Birth: _____

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

MyChart Terms and Agreement

- If I am a minor child, age 13-17, I understand that by signing this consent form I am granting my parent/legal guardian access to my medical information, including but not limited to: medications, past and future appointments, all messages to and from my provider(s), lab test results, immunizations and billing information.
- I understand this consent will remain in effect until revoked in writing. If I am a minor child age 13-17, consent will expire automatically when I turn 18 years old.
- I understand that by granting proxy access to a third party, I am allowing that party access to the complete contents of my record in MyChart. I authorize release of this information only through MyChart. 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 not be covered by federal 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 Clinic does not condition any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, Clinic is not permitted to provide access to my record in MyChart to my designated proxy.
- I understand that it is my responsibility to terminate my proxy's access to my account in MyChart if I no longer wish to allow him/her access to my information in MyChart. Termination of proxy access is not immediate. Clinic will use its best efforts to terminate the proxy's access within ten (10) business days of receiving a written request.
- I understand that I may receive information through MyChart from my provider that may contain specially protected health information such as but not limited to; Drug/Alcohol diagnosis, treatment or referral information, HIV/AIDS information, Mental Health information – including provider notes, and Genetic testing information.
- I understand that if my proxy shares his/her user ID and password with anyone, or if his or her user ID and password are lost or stolen, unauthorized parties may have access to my medical information in MyChart. I understand that it is the responsibility of my proxy to keep his/her user ID and password secure and to change them anytime they believe their security has been compromised. I agree that it is also the responsibility of my proxy to log out of active MyChart sessions and take appropriate precautions when accessing MyChart from his/her home, business, or public computer and when printing or copying any MyChart medical information.
- I understand that my proxy will receive an email notification any time new information is available in my account in MyChart. The notification itself does not contain any medical information; however I understand that if I do not want others to see the notification, it is my responsibility to notify my proxy so he/she can take appropriate precautions.

- I understand that my proxy's activities within MyChart may be tracked by computer audit and that any entries and messages may become part of the medical record.
- I understand that access to MyChart is provided as a convenience and that Clinic has the right to deactivate my access or my proxy's access at any time for any reason or for no reason.
- I hereby agree to waive any and all claims or causes of action against Clinic, its affiliated entities, their officers, directors, employees, and agents that are in any way related to my proxy's use of MyChart.

Minor Patients age 13-17 – Please complete this section to grant your parent/legal guardian Full MyChart access (All sections required – please print clearly.)

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

Unless revoked by me via MyChart in writing to the clinic access will automatically expire when I turn 18 years old.

Signature of Patient (age 13-17) **Date**

By signing below, I acknowledge that I have read and understand the contents of this form and attest that I am the parent or legal guardian of the above named minor child.

Signature of Parent/Guardian **Date**

Printed Name of Parent/Guardian **Relationship to Child**

For Official Yakima Valley Farm Workers Clinic Use:

Signature Verification

____ Verified by ID (Driver's License, State ID, Military ID) ____ Form signed in person ____ Signature on File

Completed By: _____