

MyChartPLUS – Access Authorization with Minor Proxy

Complete one authorization per minor child less than 13 years of age.

| | |
|---|----------------------|
| Minor/Child Name: _____ | [] Male [] Female |
| DOB: _____ | Age: _____ |
| Proxy Name: _____ | DOB: _____ |
| Address: _____ | Email address: _____ |
| City, State, Zip: _____ | Phone No: _____ |
| Relationship to Minor/Child: _____ | |

All fields required.

MyChartPLUS Terms and Conditions

I understand the following:

- MyChartPLUS contains selected, limited medical information from a patient's medical record and does not reflect the complete contents of the medical record. The patient shall contact the Hospital's Medical Record Department directly for instructions on requesting their complete medical record.
- All activity within MyChartPLUS is tracked by computer audit and entries made will become part of my own medical record or my child's.
- My access to any information about my minor child will expire upon the child's thirteenth birthday, and prior to that date my minor child may limit my access to certain information as permitted by law.
- I agree to abide by the Terms and Conditions for Hartford HealthCare as found at <http://www.MyChartPLUS.org>

By signing below, I acknowledge that I am providing documentation of my authorization to access the protected health information of the minor child described above. I certify that I am the parent or the legal guardian for the patient name above, and that the information I have provided is true and correct.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

| | |
|--------------------|------------------------------|
| Patient MRN: _____ | Proxy Activation Date: _____ |
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