



MyChart Sign-Up Form for Child(ren)

**Use this form for a parent who wishes to access the health information for his or her child(ren) under the age of 18 in MyChart.

Parent Information (please print clearly):

Your Name: _____ DOB _____
(Last, First, Middle Initial)

(Street Address) (City) (State) (Zip Code)

Child(ren) Information (please print clearly and complete information for each child that is a patient of TCHHN):

Your Child's Name _____ DOB _____
(Last, First, Middle Initial)

Your Child's Name _____ DOB _____
(Last, First, Middle Initial)

Your Child's Name _____ DOB _____
(Last, First, Middle Initial)

Your Child's Name _____ DOB _____
(Last, First, Middle Initial)

**If your child is under the age of 18, you will be granted full access to your child's MyChart record. Except under special circumstances, The Christ Hospital Health Network (TCHHN) will automatically terminate access to MyChart by Parent(s)/Legal Guardian(s) when the patient turns 18 years old, the minor becomes emancipated or in cases of suspected abuse or neglect. At age 18, the young adult can sign up for his or her own MyChart account. Except under special circumstances, you will no longer have access to your child's MyChart record once your child turns 18 years old. At that time your child may consent to your proxy access by again signing the MyChart Adult Access Request Form.

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

By signing below, I acknowledge and agree

- I will comply with the terms and conditions on the MyChart web page and this document. I have the proper documentation authorizing me as a parent or legal representative for this patient(s), thereby allowing me access to his/her protected health information through MyChart.
When my legal authority to act on behalf of this patient has been inactivated, revoked, terminated, or expired, I must immediately notify this institution in writing of the revocation, termination, or expiration and mail it to the patient's physician's office.
That my access can be revoked at any time by TCHHN for any reason, including my own misuse of MyChart.

Parent/Legal Guardian Signature Relationship to Patient Date Time

Please return the completed form(s) to the office of the patient's provider.