

# MyChart Child Proxy

## Access to Your Child's MyChart Record

To sign up for access to your child's MyChart account, **please complete all fields on this Child Proxy Form and return it to the Health Information Management Dept. via mail: 1 Tampa General Circle, Tampa, Florida 33606; fax: 813-844-1135; or email: [medicalrecordrequests@tgh.org](mailto:medicalrecordrequests@tgh.org)**. Please note that your child's record will be accessed through your MyChart account. Completing this form will establish a MyChart account for you and your child, if one does not exist. Proof of identification and relationship to the child may be required to be submitted in addition to this form if the information is not readily available in the child's medical record.

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

Name (*last, first, middle initial*): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please note the following age range limitations for MyChart. These age range limitations do not affect any right you have to access your child's record by other means. Contact Tampa General Hospital's HIM Department to request a paper copy of your child's record

- If your child is **age 0 – 11**, you will be granted full access to your child's MyChart record.
- Once your child reaches **age 12**, you will only have access to minimal functionality such as messaging and certain lab results.

In consideration of the unique and difficult medical issues facing adolescent children, parent/guardian access to a child's account is limited for children 12 years of age or older.

**Please provide the following information. Please complete a separate form for each additional child:** (All fields are required. Forms are located at [mychart.tgh.org](http://mychart.tgh.org)).

Name (*last, first, middle initial*): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- By signing below, I acknowledge that I have read and understand the age range limitations for MyChart Child Proxy access.

\_\_\_\_\_  
\*Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Print Name Parent/Guardian