

MyChart Child Proxy Form

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart account, **please complete both pages of this Child Proxy Form and return it in person to the Health Information Management Dept. located at 1 Tampa General Circle, Tampa, Florida 33606.** 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.

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 no longer have access to your child's MyChart record.

In consideration of the unique and difficult medical issues facing adolescent children, parent/guardian access to a child's account is not available for children 12 years of age or older.

Please provide the following information for each child: (All fields are required. If you have more than five children for whom you would like proxy access, please request another form or print one from mychart.tgh.org).

A. Name (*last, first, middle initial*): _____

Social Security Number: _____ Date of Birth: _____

B. Name (*last, first, middle initial*): _____

Social Security Number: _____ Date of Birth: _____

C. Name (*last, first, middle initial*): _____

Social Security Number: _____ Date of Birth: _____

D. Name (*last, first, middle initial*): _____

Social Security Number: _____ Date of Birth: _____

E. Name (*last, first, middle initial*): _____

Social Security Number: _____ Date of Birth: _____



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MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or my child's health information.
- 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 anyway.
- 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 paper copy of a patient's medical record may be requested from Tampa General Hospital's HIM Department.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by Tampa General Hospital as a convenience to its patients and that Tampa General Hospital has the right to deactivate access to MyChart at any time for any reason.
- I may revoke this authorization at any time online pursuant to instructions at www.mychart.tgh.org or by providing a written request for revocation to Tampa General Hospital's HIM Department. I understand that if I revoke this authorization, my designated proxy's access to MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.
- 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.

*Signature of Parent/Guardian

Relationship to Patient

Date

*Print Name Parent/Guardian

*Required