

MyChart Access
For Patients 12–17 Years Old

Thank you for your interest in MyChart, our electronic medical record. We are pleased to offer this service. You must have an e-mail address to use MyChart. Once enrolled, you can use the secure Internet site at any time to send messages to your care team, request prescription renewals and view most test results. If you have questions about filling out the form, contact your clinic’s MyChart representative. When the clinic receives this form, we will mail your start-up information.

1. Your information: (Please print clearly) New user Request proxy user Renew proxy user

Your Name _____ Medical Record # _____
Address _____
Previous Names _____ Birth Date _____
Home Phone _____ Work Phone _____ E-mail _____
Primary Doctor _____ Primary Clinic _____

Authorization to Release Protected Health Information

With the approval of your parent or guardian and care team, you may access your health information through MyChart. You also need to give your parent or guardian access to your MyChart account. (Complete section 2 on the next page.) If you do this, he or she will have **full access** to any private information you may have shared with your care team.

I allow Fairview Health Services and its partners to release medical information through MyChart to: Myself My parent or legal guardian

Please release the following details: All information as allowed through MyChart.

I ask that you release this information for the following: Personal use Other: _____

I understand that:

- MyChart access includes all MyChart information from visits to all care providers using Fairview’s shared electronic medical record. These providers are listed at www.fairview.org.
- If I change my mind, I may tell my care team at any time. I may do this verbally or in writing. This will not apply to records that have already been released.
- Once records are released, Fairview and its partners cannot prevent them from being released to a third party.
- To be valid, this form must be completely filled out, signed and dated. A copy that has not been altered is as valid as the original.
- If I do not sign this form, I will still be treated.

Signature of Minor or Authorized Person _____ Date / Time (required) _____ / _____

Relationship to patient (parent, guardian, power of attorney, etc.) _____

Reason patient is unable to sign: _____

Signature of Parent or Legal Guardian _____ Date / Time (required) _____ / _____

Provider Consent (initials) _____

Please mail this form to your clinic. Visit www.fairview.org for your clinic’s mailing address.



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2. Giving others access to your medical records (called proxy access)

To access your own records, you must also grant your parent or guardian **full** access to your records. Please complete the information below.

Your parent or guardian may access your account until you turn 18 years old. To renew access, please contact the MyChart representative at your clinic.

- If your parent or guardian is a patient at a clinic belonging to Fairview or one of its partners, he or she must sign and date the form below.* He or she will also receive full access to his or her own medical records. By signing below, he or she agrees to the statements (bullets 1–5) on the front of this form.
- If your parent or guardian is not a patient at a Fairview or partner clinic, he or she does not need to sign below.

Name _____ Relationship to Patient _____

Address _____

Previous Names _____ Birth Date _____

Home Phone _____ Work Phone _____

Is this person a patient at a Fairview or partner clinic? Yes (must sign below) No

*Signature of Proxy, if a patient at a Fairview or partner clinic _____

Date _____