UVA Health

1500000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME &MR#

Parent/Legal Guardian Proxy Access to MYCHART (Child Under 13 Years Old)

Instructions for completing this form:

- Complete this form and either submit it at your clinic visit or to the UVA Health Contact Center
- Photo ID for the parent/legal guardian is required
- Include legal documentation regarding custody if legal guardian
- After the form and photo ID are received and the information has been verified, the proxy will receive a time sensitive e-mail with access information

UVA Health Information Management
PO Box 800476
Charlottesville, VA 22908-0783
Email: mychart@uvahealth.org Fax: 434-924-2432 Phone: 434-243-2500

Child's Information

Full Name (last, first, middle): _____ Date of Birth: _____

Parent/Legal Guardian Information

Full Name (last, first, middle): _____ Date of Birth: _____

Address: _____

Email: _____ Phone: _____

Relationship to child: ☐ Parent ☐ Legal Guardian (see third bullet under Instructions)

I have read and understand the information about proxy for MyChart and the terms and conditions for using MyChart. I understand that I must have my own MyChart account. I certify that I am the parent or court-appointed legal guardian of the child listed above, that there is no court order restricting my access to medical records and that all information I have provided is correct. I hereby request access to a MyChart account on behalf of my child.

Parent/Guardian Signature: _____ Date: _____ Time: _____