

## **Authorization for Parental Proxy Access to Main Line Health MyChart Of Adolescent Patient 13-17 Years Old**

Allowing your parent or court appointed legal guardian to access and see your protected health information available on Main Line Health MyChart (an internet application where portions of your medical record can be viewed) is called proxy access.

**By granting proxy access to your Main Line Health MyChart (“MyChart”), you understand and agree to the following:**

- By allowing your parent/legal guardian proxy access to your MyChart, they will be able to see parts of your medical records stored on MyChart from all Main Line Health facilities and all Main Line HealthCare doctor practices. This includes information that is available now and information that may be available after this form is signed.
- Your parent/legal guardian will have access to your entire medical record, except for certain information related to sexually transmitted infections, reproductive health, mental health, and drug/alcohol abuse treatment.
- Allowing your parent/legal guardian to access your MyChart is voluntary, and you do not have to sign this form to receive medical care.
- Your parent/legal guardian’s proxy access will end the day before you turn eighteen (18) years old or when you cancel your permission.
- You may change your mind and cancel this permission at any time. It is your responsibility to cancel your permission if you no longer wish your parent/ legal guardian to have proxy access.
- To cancel your permission, you should notify your doctor’s office to help you with this request, or you can make this request in writing by sending the request to: Main Line Health HIM Department, 3803 West Chester Pike, Ste. 160, Newtown Square, PA 19073.
- Your cancellation will not affect any information that your parent/legal guardian received before their access was stopped.
- Your parent/legal guardian may have the legal right to access all or parts of your medical records outside of MyChart.
- Main Line Health reserves the right to cancel on-line access to protected health information via MyChart at any time.

**Make sure to complete Page 2 of this document**

**Adolescent Patient Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security Number (last 4 digits): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Must be unique and cannot be a shared email address with any other patient in our system)

Phone Number: \_\_\_\_\_

I have read, understand, and agree to the information on Page 1 of this form. I agree that the parent/legal guardian listed below can have access to my Main Line Health MyChart account. I understand and agree that by granting this access, my parent/legal guardian will have access to my protected health information as explained on Page 1 of this form.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/ Legal Guardian Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security Number (last 4 digits): \_\_\_\_\_

If Proxy's mailing address is the same as patient, check here: \_\_\_\_\_ (If different, complete below)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Must be a different email than email used by the patient)

Phone Number: \_\_\_\_\_

Proxy Relationship to Patient: \_\_\_\_\_ Parent \_\_\_\_\_ Court appointed legal guardian

If Other, please specify \_\_\_\_\_

**Submit this completed form to MLH HIM Department in one of the following three methods:**

1. Send paper copy via mail to: Attention: Health Information Management 3803 West Chester Pike, Ste. 160, Newtown Square, PA 19073
2. FAX the completed form to MLH HIM at FAX Number: 610-356-3531
3. Scan and email the completed form to MLH HIM at [MLHePatientInfo@MLHS.org](mailto:MLHePatientInfo@MLHS.org)