

Request/Authorization for Parental Proxy Access to MyChart of Minor Patient Under 13 Years Old

A parent or court-appointed legal guardian can access the Main Line Health MyChart (“MyChart”) of their child who is under thirteen (13) years old. To request parental access to the MyChart of a minor patient under 13 years old, please complete this form.

Requirements for parental proxy access to the MyChart of a minor patient under 13 years old:

- The individual requesting parental access must be the parent or legal guardian of the minor child under 13 years old.
- The parent/legal guardian’s completed and signed Request/Authorization for Parental Proxy Access to MyChart of Minor Patient Under 13 Years Old (this form).
- The parent/legal guardian must have an email address.
- The parent/legal guardian must have a MyChart account.

By requesting proxy access to your child’s MyChart, you understand and agree to the following:

- The parent/legal guardian’s proxy access to their child’s MyChart is revoked when:
 - The parent/legal guardian submits a written request to revoke proxy access by sending the request to: Main Line Health HIM Department, 3803 West Chester Pike, Ste. 160, Newtown Square, PA 19073. Your revocation will not affect any disclosures that were made prior to processing the revocation;
 - Child turns 13 years old – at which time you may be eligible to receive limited adolescent (ages 14-17) proxy access, subject to your child’s authorization and in accordance with applicable law and Main Line Health policies;
 - Child advises Main Line Health of their emancipated status; or
 - Access disputes cannot be resolved.
- You must have a MyChart account or one will be established for you by Main Line Health.
- You must log in to MyChart with your own user id and password.
- You must click “View Other Records” to access a patient’s online records.
- When you are signed in to your child’s record, your child’s name will be displayed in the header.
- Communications via MyChart on behalf of your child must be sent from your child’s record and responses will be received in your child’s record.
- You must abide by the MyChart Terms and Conditions of Use.
- You are not required to use MyChart or agree to MyChart parental proxy access.
- Main Line Health reserves the right to revoke on-line access to protected health information via MyChart at any time.

Make sure to complete Page 2 of this document

Patient Information (Minor Child Under 13 Years Old)

First Name: _____ Last Name: _____

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

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Parent/Legal Guardian Information (Person requesting access to the patient's MyChart)

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: _____ Phone Number: _____

Proxy Relationship to Patient: _____ Parent ___ Court Appointed Legal Guardian

If Other, please specify _____

Do you (Proxy) have an active My Main Line Health Chart account? _____ Yes ___ No ___ Don't know

I have read, understand, and agree to the terms on Page 1 of this form and understand the requirements and procedures regarding parental proxy access to the MyChart of my child under 13 years old. I also hereby affirm that I am the parent or legal guardian identified above and all information I provided is correct. I understand that I may be subject to penalties under law for submitting false or misleading information related to this Request/Authorization for Parental Proxy Access. I hereby request access to the MyChart of the patient named above.

Parent/Legal Guardian Signature: _____ Date: _____

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

1. Send paper copy via mail to: 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

****If you have an established MyChart account, you will receive a MyChart message when access to the patient's record is available; typically, 5 to 7 business days after the required completed and signed Authorization and Request for Proxy Access forms are received. If you do not have a MyChart account, you will receive an email with instructions on how to create one. Please promptly activate your account.**