

Minor/Incompetent Adult MyChart Proxy Form

Access to Minor's or Incompetent Adult's MyChart Record

To request access to the MyChart record of a minor patient (17 years or younger) or incompetent adult patient, please complete this form. The patient's legal representative (e.g., parent for minor(s); guardian, personal representative of an estate, etc.) must sign this form. Please note that the minor patient's or incompetent adult patient's chart will be accessed through the legal representative proxy's MyChart account. By completing this form, you, as the legal representative will establish a MyChart account for you as the proxy and for the minor patient or incompetent adult patient in those cases where a MyChart account does not already exist.

PROXY Information (All sections required – PLEASE PRINT LEGIBLY)

This section should be completed by the **legal representative requesting access** to the minor or incompetent adult's MyChart record.

Proxy name (last, first, middle initial) _____

Date of Birth _____ Social Security Number (last 4 digits only) _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

PATIENT's Information (All sections required – PLEASE PRINT LEGIBLY)

Patient name (last, first, middle initial) _____

Date of Birth _____ Social Security Number (last 4 digits only) _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

I understand that access to MyChart is provided by Baylor College of Medicine (BCM) as a convenience and that BCM has the right to deactivate access to MyChart at any time for any reason.

I understand I will be given a separate log-in (username and password) to the patient's MyChart account and agree not to share it with anyone. 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 any way. If I share MyChart username and password with another person, that person may be able to view the patient's health information and will result in termination of my proxy access to the patient's MyChart.

Patient Name _____

I understand that MyChart is intended as a secure online source of confidential medical AND billing information. I understand that MyChart contains selected, limited medical information and that it does not contain the complete medical record.

If the relationship as legal representative of the patient changes, BCM must be immediately informed by sending written notice to your BCM health care provider. If I am the parent of a minor patient, I understand that my proxy access will be deactivated once the minor patient attains the age of eighteen (18) years. I also understand that information on the MyChart website can be drastically limited upon request from the minor patient between the ages of 13 and 17.

I understand that access to the patient's MyChart account will be terminated upon the patient's death in accordance with Federal and state laws.

I acknowledge that I have read and understand this MyChart Sign-up form. I agree to its terms and choose to designate myself as the MyChart Proxy of the patient listed above, thereby allowing access to the patient's MyChart medical record.

- I, the **Proxy**, have been seen as a patient at a Baylor St. Luke's facility.
- I, the **Proxy**, already have an established MyChart account with Baylor College of Medicine.

_____ Date _____
Signature of Patient's Legal Representative

Relationship to Patient _____

Indicate which of the following valid documents provides authority to sign as Legal Representative for patient. A copy of the chosen document(s) will need to be scanned into the patient's chart if not already provided:

- Driver's License of _____
- Birth certificate of _____
- U.S. passport of _____
- Visa and foreign passport of _____
- Court Order, dated _____
- Power of Attorney or other Legal Document showing status as Legal Representative

Upon completion, **return this form and a copy of your valid document/s** to the front desk. Otherwise please return these forms by:

Email smb_myhelp@bcm.edu
Fax 713-798-3477
Mail Baylor College of Medicine
c/o Release of Information
Patient Resource Center
Two Greenway Plaza Suite 900
Houston, TX 77046

Forms returned at an office or by email will take 3 days to establish the MyChart proxy connection. Requests remitted by fax or mail can take up to 21 days to be completed. If the proxy individual doesn't already have a MyChart account, instructions will be emailed to the provided address.