



MYCHART PROXY ACCESS FORM: TEEN

To provide your parent/guardian proxy access to your MyChart account, please complete this form in its entirety. A MyChart account will be established for your parent/guardian, through which your parent/guardian will have proxy access to your MyChart records.

After this form has been filled out, please return it to Confluence Health (the mailing address and fax number are listed at the bottom of the form). An activation code will be mailed to you, which your parent/guardian must use to complete the registration process online at <https://mychart.confluencehealth.org/MyChart/>

1) Parent/Guardian ("Proxy") Information: If the Proxy sees providers at the Organizations, the Proxy needs to also complete the Enrollment Form if not already completed.

Name (last, first, middle initial) _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Primary Provider _____

2) Proxy Access Request:

Please note the following age range limitations for MyChart:

- If your teen is age 13-17, you will be granted partial access to his/her MyChart record (e.g., immunizations).
- Once your teen reaches age 18, you will no longer have access to his/her MyChart record, you will no longer have access to his/her MyChart record.

These limitations do not affect any legal right you have to access your teen's record by other means. To request a paper copy of your teen's record, please contact the Medical Records Department.

By signing below, I acknowledge and agree that:

- I will be using my own MyChart account at the Organization to access this Teen's MyChart account.
- I will keep my password confidential and not share this information with anyone.
- I have not been denied periods of physical placement with the Teen and there are no court orders or restraining orders in effect limiting my access to this Teen's medical records and/or information.
- Communications on behalf of the Teen through MyChart must be sent from the Teen's record and responses will be received in the Teen's record. MyChart e-mail alerts will be sent to the e-mail address entered under Parent/Guardian ("Proxy") Information.
- I have completed the MyChart Authorization for Use or Disclosure of Electronic Protected Health Information.

Proxy Signature (Required)

Relationship to Patient (Required)

Date (Required)

Teen's Signature (Required)

Date (Required)

Please provide the following information about yourself:

A. Teen's Name (last, first, middle initial) _____ **Date of Birth** _____

Last four digits of SSN _____ **Primary Provider** _____

Fax completed form to **(509) 665-3494** or mail to:

Confluence Health
Patient Services Department
PO Box 361, Wenatchee, WA 98807-0361