



1500000

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

PARENT/LEGAL GUARDIAN PROXY ACCESS TO MYCHART (CHILD UNDER 18 YEARS OLD)

Instructions for completing this form:

To request proxy access, please complete this form and either submit it at your clinic visit or to Health Information Services (HIS), or fax/mail it to the UVa Contact Center. Please print clearly and include a copy of photo identification. After the form is received and the information has been verified, you will receive an e-mail with access information.

Child's Information

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

Medical Record Number (MRN): _____ Gender: Male Female

Parent/Guardian Information

Full Name (last, first, middle): _____ Phone Number: _____

Address: _____

Email: _____ Date of Birth: _____

Relationship to child: Parent Legal Guardian (include copy of court order naming you as guardian)

Have you received care at the University of Virginia? Yes No If yes, what is your MRN? _____

I have read and understand the information about proxy for MyChart and the terms and conditions for using MyChart. 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 request access to a MyChart account on behalf of my child.

Signature: _____ Date: _____ Time: _____

UVa Contact Center

PO Box 800783

Charlottesville, VA 22980-0783

Email: mychart@virginia.edu Fax: 434-924-7456 Phone: 434-243-2500

Clinic Staff

Information reviewed/validated – Signature: _____ Date/Time: _____

Information forwarded to HIS for validation (434-924-2432)

Health Information Services Staff

Information reviewed/validated – Signature: _____ Date/Time: _____

Proxy Access Status: Approved Not Approved - Comment: _____

Contact Center Staff

Proxy requester contacted – Signature: _____ Date/Time: _____