



150000

PLACE LABEL HERE.

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

PARENT/LEGAL GUARDIAN PROXY ACCESS TO MYCHART (CHILD UNDER 13 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, or email (either as a scanned attachment or a photo of the form) to the UVa Contact Center. After the form is received and the information has been verified, you will receive a time sensitive e-mail with access information.

UVa Contact Center

PO Box 800783

Charlottesville, VA 22908-0783

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

Child's Information

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

Medical Record Number (MRN): _____

Parent/Guardian Information

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

Address: _____

Email: _____ Phone: _____

Medical Record Number: _____ No UVa Medical Record Number

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

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

Parent/Guardian Signature: _____ Date: _____ Time: _____

UVa Use Only

Proxy Identification Validated By HIS SW Clinical Support Access Other: _____

Proxy Access Status: Approved Not Approved Comment: _____

Team Member Name: _____ Date: _____ Time: _____

UVA Contact Center Details Activation:

Team Member Name: _____ Date: _____ Time: _____

Deactivation:

Proxy Deactivation Details: _____

Team Member Name: _____ Date: _____ Time: _____