



22035-03

»MYchart CAREGIVER ACCESS REQUEST FORM

Access to Your Child's MYchart Record

To sign up for access to your child's MYchart record, please complete the attached form in its entirety. Completing this form allows access to portions of the Patient's protected health information maintained by Children's Healthcare of Atlanta, INC. and/or any of their electronic medical record affiliates (the "Organizations") through MYchart.

Parent/Guardian Information (All sections required – please print clearly.)

This section should be completed by the individual requesting access to a minor's MYchart record.

NAME (last, first, middle initial):

DATE OF BIRTH:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

RELATIONSHIP TO PATIENT:

EMAIL:

PIN (any 4 digit combination):

Child Information (Patient's name and date of birth required – please print clearly)

Please provide the following information for your child:

(Check here _____ if you would also like a MYchart account created for the Patient. Patient MUST be age 13-17. If requesting an account, provide patient's email address and a unique PIN.)

PATIENT'S NAME:
(last, first, middle initial):

PATIENT'S DATE OF BIRTH:

EMAIL:

PIN (any 4 digit combination):

PATIENT'S NAME:
(last, first, middle initial):

PATIENT'S DATE OF BIRTH:

EMAIL:

PIN (any 4 digit combination):

PATIENT'S NAME:
(last, first, middle initial):

PATIENT'S DATE OF BIRTH:

EMAIL:

PIN (any 4 digit combination):

Acknowledgement

I ACKNOWLEDGE AND AGREE THAT:

- I have parental rights or legal guardianship rights to access this Patient's record.
- I have not been denied periods of physical placement with the Patient and there are no court orders or restraining orders in effect limiting my access to this Patient's medical records and/or information.
- I understand that MYchart is intended as a secure online source of confidential medical information. If I share my MYchart ID and password with another person, that person may be able to view my or my child's health information.
- 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.
- I will comply with the terms and conditions on the MYchart web page and this document.
- If Patient age is 13-17, I agree that Patient may access Patient's own MYchart account.
- I understand that MYchart contains selected, limited medical information from the Patient's medical record and that MYchart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested.

Signature of Patient's Personal Representative/Parent/Requestor

Date

For the patients of Children's Healthcare of Atlanta and our MYchart participating practices.

