



PROXY FOR MINOR (BIRTH TO AGE 15) APPLICATION

Access to Your Child's MyChart Medical Record

Please complete this Proxy for Minor Application form and return it to the child's primary physician clinic or to the Health Information Management department at Lexington Health. Access to a child's online record is available only to parents or individuals with legal guardianship. Your child's chart will be accessed through your MyChart account. If you do not have a MyChart account, one will be created for you.

Consistent with state and federal law, access to your child's MyChart account will automatically terminate the day before your child's 16th birthday. Access may be reinstated upon completion and receipt of the "Proxy for Adult Authorization" form.

▶ Minor Patient Information

NAME _____
LAST FIRST MIDDLE INITIAL
Date of Birth (MM/DD/YY): _____ Patient Medical Record #: _____

▶ Proxy (Parent/Guardian) Information

NAME _____
LAST FIRST MIDDLE INITIAL
Date of Birth (MM/DD/YY): _____ Last Five Digits of Proxy's SSN#: : _____

Street Address: _____

City, State, ZIP: _____

Email: _____

Relationship to Child (Select One) Parent Legal Guardian

I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct. By signing this form, I also agree to the Terms and Conditions for use of MyChart, which can be found on the MyChart website.

Proxy must attach a copy of the court order appointing guardian and letters of guardianship verifying the proxy's status as permanent legal guardian of the patient.

SIGNATURE OF PARENT/LEGAL GUARDIAN (REQUIRED) DATE

PRINTED NAME

FOR STAFF USE ONLY – NAME OF LEXINGTON HEALTH EMPLOYEE WHO VALIDATED PROXY RELATIONSHIP TO MINOR

PRINTED NAME DATE