

Child Proxy Form

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete this Child Proxy Form and return it to the address shown below. Please note that your child's MyChart record will be accessed through your MyChart record. If you do not have access to MyChart an activation letter will be sent to your home address. You will then need to activate your account to view your child's record.

Return forms to: **McFarland Clinic MyChart Services, PO Box 3014 Ames, IA 50010**, or fax to: **(515) 956-4189**

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

Name (Last, First, Middle Initial) _____

Last 4 digits of SSN _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____ Phone Number _____

Once your child reaches age 12, you will no longer have access to your child's MyChart record through this form.

Children ages 12-17 must sign the Adolescent and Adult Proxy Form to authorize MyChart proxy access.

Please provide the following information for each child: (All fields are required. If you have more than four children for whom you would like proxy access, please request another form or print one from www.mcfarlandclinic.com.)

1 Name (Last, First, Middle Initial) _____
Last 4 digits of SSN _____ Date of Birth _____
Primary Clinic _____


2 Name (Last, First, Middle Initial) _____
Last 4 digits of SSN _____ Date of Birth _____
Primary Clinic _____

3 Name (Last, First, Middle Initial) _____
Last 4 digits of SSN _____ Date of Birth _____
Primary Clinic _____

4 Name (Last, First, Middle Initial) _____
Last 4 digits of SSN _____ Date of Birth _____
Primary Clinic _____

MyChart Terms and Agreement

- I understand that MyChart and MyChart proxy access is voluntary.
- I understand that MyChart contains select, limited medical information from the patient's electronic medical record. I understand this form releases information only through MyChart and does not authorize release of my child(ren)'s medical record by other methods or in other forms.
- I understand that McFarland Clinic, P.C. and Mary Greeley Medical Center does not condition any of my or my child(ren)'s health care treatment, payment or other services on whether I request this authorization.
- I understand that I will no longer have proxy access for my child once he or she reaches the age of 12, and that my child will have to complete a proxy access form at age 12 for me to have continued access to their MyChart record.
- By signing below, I acknowledge that I have read and understand this MyChart Child Proxy Form and agree to its terms. I also acknowledge that I have a legal right to the above listed child(ren)'s medical information as a parent or guardian.

 _____ / _____ / _____
Signature of Parent/Guardian (Required) Relationship to Patient Date