

**Access to Your Minor Child’s MyChart Record**

To sign up for access to your minor child’s MyChart record, please complete this Minor Child Proxy Form and return it to the address shown below. Please note that your minor child’s chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your minor child. Please provide a government-issued ID for identity verification when submitting this form.

Return forms to Baylor Scott & White Health, Health Information Management Department, 2401 S. 31<sup>st</sup> Street, Temple, TX 76508 or fax to 254-724-0119. For HealthTexas Provider Network (HTPN) patients, return forms to the Health Information Management department, 8150 N. Central Expressway, Suite 400, Box 47, Dallas, TX 75206 or fax to 214-818-9781.

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

**This section should be completed by the individual requesting access to a minor child’s MyChart record.**

Name (*last, first, middle initial*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M/F Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ Phone Number (*home/mobile/work – please circle one*): \_\_\_\_\_

Email Address: \_\_\_\_\_ BSWH Patient (*please circle one*): yes/no

Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your minor child’s record by other means. To request a paper copy of your minor child’s record, contact the Release of Information Department at Baylor Scott & White Health.

- If your child is **0-13 years of age**: You will be granted full access to your child’s MyChart record.
- If your child is **14-17 years of age**: You will be granted partial access to your child’s MyChart record.
- Once your child reaches **18 years of age**, you will no longer have access to your child’s MyChart record.
- If your child has the right under Texas law to consent for his/her entire health care before your child reaches 18 years of age, you may not be granted access to your child’s MyChart record.

**Child’s Information** (All sections required – please print clearly.)

**Please provide the following information for the child for whom proxy is requested.**

Name (*last, first, middle initial*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MyChart Terms and Agreement**

- 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, and health information about someone for whom I have MyChart proxy.
- 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 understand that access to MyChart is provided by BSWH as a convenience to its patients and that BSWH has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- If the proxy’s legal relationship with the patient changes or the patient’s proxy agreement is terminated, the patient must inform BSWH immediately by sending written notice to BSWH, Health Information Management Department, Mail Stop 01047, 2401 S. 31<sup>st</sup> Street, Temple, TX 76508 or fax to 254-724-0119, or for HealthTexas Provider Network (HTPN) patients, to the Health Information Management department, 8105 N. Central Expressway, Suite 400, Box 47, Dallas, TX 75206 or fax to 214-818-9781.
- By signing below, I acknowledge that I have read and understand this MyChart Minor Child Proxy Form and the Baylor Scott & White Health MyChart Terms and Conditions, and attest that I am the parent or legal guardian of the above named minor child.

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

\_\_\_\_\_  
**Printed Name of Parent/Guardian** **Relationship to Child**