



MyChart Child Proxy

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete both pages of this Child Proxy Form and return it to your child's Piedmont doctor's office. Please note that your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child.

Parent/Guardian Information: (All Sections required – please print clearly.)		
Name (last, first, middle initial):		
Date of Birth:		
Street Address:	City:	State/Zip:
Email Address:	Phone Number:	

Please note the following age range limitations for MyChart.

- If your child is **age 0 - 12**: You will be granted full access to your child's MyChart record.
- If your child is **age 13 - 17**: You will be granted partial access to your child's record. (e.g., appointment scheduling, immunizations)
- Once your child reaches **age 18**, you will no longer have access to your child's MyChart record.

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.)

A. Name (last, first, middle initial):
Date of Birth:

B. Name (last, first, middle initial):
Date of Birth:

C. Name (last, first, middle initial):
Date of Birth:

D. Name (last, first, middle initial):
Date of Birth:

→ **Please remember to complete page 2 of this form.**



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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 who has authorized me as a 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 MyChart contains selected, limited medical information from a 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 from the patient’s doctor’s office or by going to www.piedmont.org/patient-tools/request-records for more information and to download a Request for Medical Records form.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Piedmont Healthcare as a convenience to its patients and that Piedmont Healthcare 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.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

Patient/Guardian Signature

Patient/Guardian Name (**PRINT**)

Date

Time

Relationship to Patient