

## Request Form for Adult Proxy Access to Minor Patient's MyChart Account

A parent or legal guardian of a Virtua Health (Virtua) patient that is a minor (under the age of 18) must complete this form to request proxy access to the minor patient's Virtua MyChart account. Individuals requesting proxy access must have parental or legal guardianship rights to the minor patient that provide him/her with the authority to access the minor patient's medical records. Please submit this completed form to Virtua's Corporate Health Information Management Department via fax to 856-762-2843 or mail to 130 Carnie Boulevard, Suite 3, Voorhees, NJ 08043. If you are the legal guardian of the minor patient, please also submit proof of your legal guardianship status.

### Minor Patient's Information:

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Proxy's Information:

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

Address: \_\_\_\_\_

Last four digits of social security number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

You must have your own Virtua MyChart account because the minor patient's information will be accessible to you through your Virtua MyChart account. If you do not have a Virtua MyChart account, we will send you an activation code so you can create an account. Please indicate the manner in which you'd like to receive your activation code by checking one of the boxes below.

- Email my sign-up code to my email address listed above, and add/update my email address in my Virtua medical record.
- Mail my sign-up code to my address listed above.

### I, the adult proxy named above, understand and agree that:

- I am requesting proxy access to the Virtua MyChart account of the minor patient named above.
- I have parental or legal guardianship rights to the minor patient that grant me the authority to access his/her medical records, and there is no court order or other legal documentation restricting my access to his/her medical records.
- I have read, understand, and agree to the Terms and Conditions for Virtua's MyChart, which are available on Virtua's MyChart website at <https://www.virtua.org/MyChart>.
- I will have full access to the minor patient's MyChart account while he/she is 0-11 years old. When the minor patient is 12-17 years old, I will have limited access to his/her MyChart account.
- My access to the minor patient's MyChart account will be terminated: 1) when the patient reaches the age of 18, 2) if my parental or legal guardianship rights to the patient are revoked, or 3) when the patient advises and provides evidence to Virtua Health of his/her emancipated status. The patient will need to complete Virtua's *Adult Proxy Access Request and Authorization Form* at that time, if desired, to continue your proxy access to his/her MyChart account.
- Federal and state law protect the privacy of certain types of medical care sought by unemancipated minors on a confidential basis.



**By signing below, I acknowledge that I have read, understand, and agree to the information above.**

\_\_\_\_\_  
Signature of Patient or Patient's Legal Representative (as applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Name of Patient's Legal Representative (Print)

\_\_\_\_\_  
Relationship to Patient or Statement of Authority to act on Patient's Behalf (i.e. spouse, parent, legal guardian, etc.)

**For Internal use only:**

Virtua Employee's Name:	Virtua Employee's Signature:	Date:
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