

WE CARE FOR YOU

## TEEN PROXY FORM

Please complete the following information for access to your teen's (12-17) MyChart account at DuPage Medical Group (DMG). Please note that the patient's information will be accessed through the designated proxy's own MyChart account, and both the proxy and the patient must sign below. Proxy access for children under 17 years of age will only be granted to parents or legal guardians. **Please note:** the patient's information will be accessed through the designated proxy's personal MyChart account and access is automatically terminated on the patient's 18th birthday.

*Fax completed forms to 630-324-2933 or mail to DuPage Medical Group, HIM, 805 Ogden Ave., Lisle, IL 60532.*

### Parent/Legal Guardian Information

Name (last, first, middle initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Teen's Information

Name (last, first, M.I.): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### MyChart Terms and Agreement

- Access to MyChart and proxy designation is provided by DMG as a convenience and is completely voluntary; DMG does not condition health care treatment or payment on its use.
- If I share my username and password with another person, that person may be able to view my health information, as well as information of those to which I have proxy access.
- 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.
- MyChart contains limited information and does not reflect the complete contents of a medical record. Parents and legal guardians may be allowed to request additional information by completing an [Authorization for Release of Information Form](#).
- Activities within MyChart may be tracked and may become part of the medical record.
- DMG has the right to deactivate my access to MyChart at any time for any reason.
- Edward-Elmhurst Health and DMG jointly provide MyChart to improve my coordination of and access to care.
- Information obtained through MyChart and re-disclosed by a designated proxy may not be covered by HIPAA.
- I may revoke this authorization at any time by providing a written request, which will end my access to my child's account. Revocations will not affect disclosures made prior to processing the request.
- This form does not authorize the release of medical information to a designated proxy by other methods or in other forms.

By signing below, I acknowledge that I have read and understand the above statements.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Legal Guardian Relationship to Patient Date

**I understand and authorize sensitive health information (SHI) related to the following may be disclosed to my parent/legal guardian: sexually transmitted diseases (STDs), mental health, pregnancy, birth control, substance abuse, genetic testing, and physical/sexual abuse. I understand I may revoke this authorization at any time by providing a written request, which will end my proxy's access to my account. Revocations will not affect disclosures made prior to processing the request.**

\_\_\_\_\_/\_\_\_\_\_  
Signature of Patient/Teen Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Witness, other than parent or legal guardian Relationship to Patient Date