Yale NewHaven Health

# MyChart Teen Proxy Authorization

| Teen Minor Information (Age 13 – 17) |
|---|
| Patient Name: _____ DOB: _____ Age: _____ |
| Address: _____ Teen E-mail: _____ |
| Relationship to minor/child:<br>☐ Parent ☐ Legal Guardian ☐ DCF Representative ☐ Foster Parent ☐ Other: _____ |
| ***Legal documentation of guardianship is required, if applicable (e.g. court order, adoption decree, etc.)* |
| **Parent/Guardian Information** |
| Parent/Guardian Name: _____ |
| DOB: _____ Contact phone: _____ E-mail Address: _____ |
| Address: ☐ Same as minor If different: _____ |

***MyChart Terms and Conditions:***

- I understand this request for full access to my teen minor's MyChart account must be authorized by my teen minor and my teen minor's health care provider. My teen minor is also eligible to activate his/her own MyChart account.
- Access to my teen minor's MyChart account will expire upon their eighteenth birthday. Prior to that date, my teen minor may choose to limit my access to certain information which is protected by state law.
- For a complete list of Terms and Conditions, please visit: https://mychart.ynhhs.org/mychartPRD/default.asp?mode=stdfile&option=termsandconditions

**By signing below, I agree to the following:**

- I am entitled to access the patient's protected health information as his/her parent or legally appointed guardian.
- My rights to access the patient's protected health information have not been modified in any manner by any court of law.
- The documents I have provided in support of my right to access the patient's protected health information, if any, are true and correct copies and are the most recent documents related to this matter.

Parent/Guardian Signature: _____ Date: _____

Teen Minor Signature: _____ Date: _____

**Provider Attestation**

☐ I have discussed privacy rights with the teen minor as protected under state and federal law. The teen minor has authorized full sharing with their parent/legal guardian and understands this access can be removed at the request of the teen minor at any time within MyChart directly or by contacting mychartsupport@ynhh.org.

☐ The teen minor has special health care needs, and it is considered essential for the parent/legal guardian to have full access to the teen minor's record to coordinate care without the consent of the teen minor.

Provider Signature: _____ Date: _____

***For proxy activation, send completed form and legal documentation, if applicable, to: Fax: 203-688-8155 or E-mail: MyChart.eHIM@ynhh.org*