



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 the address shown below. 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.

Return all forms to: **The Queen's Medical Center
MyChart Medical Records
1301 Punchbowl Street
Honolulu, HI 96813**

- ☞ MyChart Child Proxy access is available for children ages 0 - 13 years ONLY
- ☞ Proxy access will be automatically inactivated when your child reaches age 14

Parent/Guardian Information: (All sections must be completed – incomplete forms will not be processed.)

Name (last, first, middle initial) _____

Last 4 digits SSN: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

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 or print one from mychart.queens.org).

- A. Name (last, first, middle initial): _____
Last 4 digits SSN: _____ Date of Birth: _____
Primary Clinic/Provider: _____
- B. Name (last, first, middle initial): _____
Last 4 digits SSN: _____ Date of Birth: _____
Primary Clinic/Provider: _____
- C. Name (last, first, middle initial): _____
Last 4 digits SSN: _____ Date of Birth: _____
Primary Clinic/Provider: _____
- D. Name (last, first, middle initial): _____
Last 4 digits SSN: _____ Date of Birth: _____
Primary Clinic/Provider: _____

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



MyChart Agreement

- I understand that:
 - MyChart is intended as a secure online source of confidential medical information.
 - **MyChart is not to be used in an emergency.**
 - The use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
 - 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. 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, as well as information about any individual who has authorized me as a MyChart proxy.
 - If I am authorized for proxy access to another person's record I must log in to my own MyChart account and click on "View Other Records" to access his/her record online.
 - 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.
 - My activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
 - Access to MyChart is provided by The Queen's Health Systems (QHS) as a convenience to its patients and that QHS has the right to deactivate access to MyChart at any time for any reason
- By signing below I agree to abide by the terms and conditions on the MyChart powered by Queen's site. Terms and Conditions are also viewable within My Chart

▶ _____ / _____ / _____
Signature of Parent/Guardian **Relationship to Patient** **Date (Required)**