

This form should be completed by a parent or legal guardian ("Proxy") who requests access to portions of his/hers child's (under 18 yrs.) Electronic Protected Health Information maintained by UT Health Science Center - UT Health of San Antonio and/or any of their affiliated clinics through MyChart. The Parent/Legal Guardian "Proxy" must agree to and comply with the terms and conditions of the My Chart web-page and this document.

Proxy must complete all fields and provide photo ID and legal documents (if permanent Legal Guardian of the Patient) as noted below.

Child's ("Patient Information"): All sections required - please print clearly

Patient's Name		DOB:	
Street Address			
City:		State:	Zip:

Parent/Legal Guardian ("Proxy") Information: All sections required - please print clearly

Email Address			
Proxy's Name:		DOB:	
Street Address:			
Phone Number:			
City:		State:	Zip:

My Relationship to the Child is as Follows:

- Parent
 Custodial Parent
 Non-Custodial Parent

OR

- Permanent Legal Guardian - Must attach a copy of the court order appointing guardian and letter of Guardianship verifying the proxy's status as permanent Legal Guardian of the Patient

I acknowledge and agree that:

- I will comply with the terms and conditions on the MyChart web page and this document. If I am the permanent legal guardian for this patient, I have the proper documentation that authorizes this, thereby allowing me access to his/her protected health information through MyChart.
- When my legal authority to act on behalf of the patient has been inactivated, revoked, terminated or expired, I must immediately notify this institution in writing of the revocation, termination or expiration and mail to: UT Medicine of San Antonio, Health Information Management Department, 8300 Floyd Curl Drive - MC 8308, San Antonio, Texas 78229.
- 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 child's health information 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 confidentiality may have been compromised in any way.
- I understand that it is my responsibility to ensure that my e-mail address is current at all times, and that if my email address is not current, I will not receive important messages from MyChart.
- I understand that MyChart contains selected, limited medical information and that MyChart does not reflect the complete contents of the electronic medical record, I also understand that a copy of my child's electronic medical record may be requested from The Health Information Management Department.
- For a child age 0-17 years, I will be granted full access to my child's MyChart record.
- On the child's 18th birthday, I will no longer have access to my child's MyChart record.
- I have completed the MyChart Authorization for Use or Disclosure of Electronic Protected Health Information.

Proxy Signature (Required)

Type your full name to sign this document

Relationship to Child (Required)

Date (Required)

Time (Required)

Return this completed form along with the following items to our office: A copy, photo or scan of your identification card (ID), A copy, PDF or scan of legal documentation proving guardianship, if appointed guardian.

There are three ways to return this form and additional documents/attachments to us:

- Email: Email this form and additional attachments to UTHMYCHARTPROXY@UTHSCSA.EDU (this is not a secure transmission method and we are not able to ensure the security of the information during transit.)
- Fax: Fax this form and additional documents to (210) 450-6058.
- In-person: Drop-off this form and additional documents at the Medical Arts & Research Center, medical records office, first floor, 8300 Floyd Curl Drive, San Antonio, TX 78229.