

# MyChart Proxy Sign Up

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## Welcome to MyChart Proxy Sign Up

MyChart Proxy access allows a parent or legal guardian to manage a MyChart account for a child under the age of 18.

This type of access allows the proxy to view the child's medical records, message the clinical staff, engage in a video appointment with the physician, and more!

Please use this guide to take the necessary steps to register to become a proxy for your child.

**WARNING:** If you receive a link for activation, complete as soon as possible, as the link is only active for **24 hours**.

### Health Information Management

utmychartproxy@uthscsa.edu

210-450-9760

## Step 1: Access the Under 18 Proxy Form


This Proxy form is on the last page (page 7) of this PDF. It should be completed by the parent or legal guardian who is requesting proxy access for the child.

Follow the directions below to complete and submit the form. Feel free to reach out to our office for assistance or questions at:

**Health Information Management** | [utmychartproxy@uthscsa.edu](mailto:utmychartproxy@uthscsa.edu) | 210-450-9760

## Step 2: Complete the Under 18 Proxy Form

- Complete all the fields in the Child and Parent/Legal Guardian Information sections.
  - In the **Patient's Name** field, add the **name of the child**.
  - In the **Proxy's Name** field, add the **name of the parent/guardian**.
- Select your relationship with the child. **Please note that it is important to select the appropriate legal relationship you have with the child.** Use the following guidelines to determine which relationship best describes you and the child:
  - Parent:** The lawful or natural mother or father of a child.
  - Custodial Parent:** The parent that has primary physical custody of a child in the event of a divorce.
  - Non-Custodial Parent:** The parent that does not have primary physical custody of a child in the event of a divorce.
  - Permanent Legal Guardian:** The person who has been court appointed to care for the child.

		<b>My Chart<sup>®</sup></b>		<b>Child Under 18 Proxy Request Form</b>		
<small>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.</small>						
<b>Child's ("Patient Information"):</b> All sections required - please print clearly						
<b>1</b>	<b>A</b>	Patient's Name	Child Jones	DOB:	03/16/2010	
		Street Address	123 Street Name Dr.			
		City:	San Antonio	State:	TX	
				Zip:	78229	
<b>Parent/Legal Guardian ("Proxy") Information:</b> All sections required - please print clearly						
		Email Address	email@gmail.com			
	<b>B</b>	Proxy's Name	Parent Smith	DOB:	12/13/1982	
		Street Address:	123 Street Name Dr.			
		Phone Number:	210-555-5555			
		City:	San Antonio	State:	TX	
				Zip:	78229	
<b>My Relationship to the Child is as Follows:</b>						
<b>2</b>	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Custodial Parent	<input type="checkbox"/>	Non-Custodial Parent
		OR				
	<input checked="" type="checkbox"/>	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				

3. Acknowledge and agree to the proxy terms by completing the following fields:

- **Signature of parent/guardian** (Typed name will be accepted as signature)
- **Relationship to the child** (must match your selection above)
- **Date of signature**
- **Time of signature**

4. Once the form is complete, select **Submit Form** at the bottom of the Under 18 Proxy Form.

**I acknowledge and agree that:**

- 1 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.
- 2 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.
- 3 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.
- 4 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.
- 5 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.
- 6 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.
- 7 For a child age 0-17 years, I will be granted full access to my child's MyChart record.
- 8 On the child's 18th birthday, I will no longer have access to my child's MyChart record.
- 9 I have completed the MyChart Authorization for Use or Disclosure of Electronic Protected Health Information.

<b>3</b>	Parent/Guardian Signature	/Relationship above	/ 8-21-20	/ 2:30pm
	<b>Proxy Signature (Required)</b>	<b>Relationship to Child (Required)</b>	<b>Date (Required)</b>	<b>Time (Required)</b>
	Type your full name to sign this document			

**4** **SUBMIT FORM**

**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:**

1. Email: Email this form and additional attachments to [UTHMYCHARTPROXY@UTHSCSA.EDU](mailto:UTHMYCHARTPROXY@UTHSCSA.EDU) (this is not a secure transmission method and we are not able to ensure the security of the information during transit.)
2. Fax: Fax this form and additional documents to (210) 450-6058.
3. 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.

## Step 3: Submit Support Documentation

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All parents/guardians requesting proxy access are required to provide a **valid photo ID** that belongs to the parent or guardian to serve as proxy. Additionally, guardians are required to provide **legal documentation** to prove their guardianship. To submit the appropriate documentation, choose one of the following:

- **Email** [uthmychartproxy@uthscsa.edu](mailto:uthmychartproxy@uthscsa.edu). The parent/guardian can scan and email the information or use their mobile device to capture photos of the information and attach them to the email. *(Note: This is not a secure method of transmission and UT Health is not able to ensure the security of this information during transmission).*
- **Fax** to **210-450-6058**.

## Step 4: Proxy Access Granted

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Upon receiving the submitted Under 18 Proxy Form and all required support documentation, the Health Information Management department will process the request, and grant proxy access if appropriate.

- **Parents/Guardians who are UT Health patients with a MyChart account:**  
You will be notified through email that MyChart Proxy has been granted and you will see a Child icon next to your patient icon  in the upper left corner when you log in to your MyChart account.

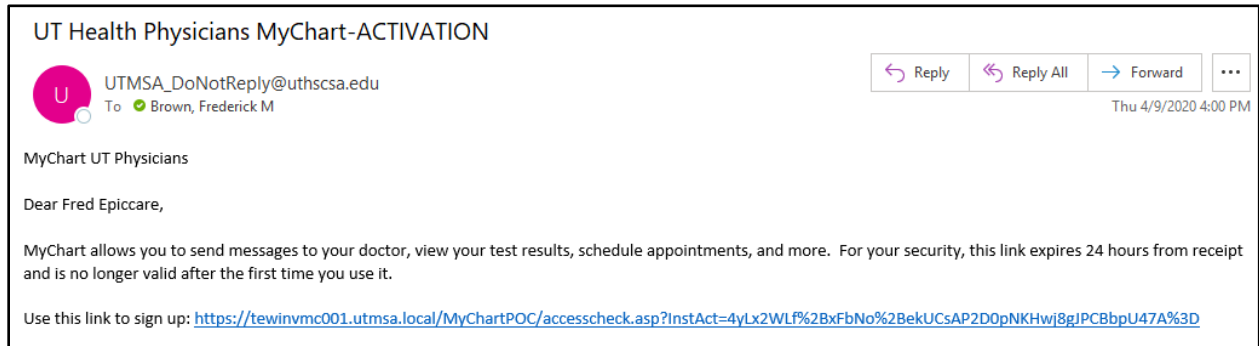
This completes your MyChart proxy request, **if you have a video visit please proceed to the Video Visit section on page 7.**

- **Parents/Guardians without a MyChart account:**  
You will be notified through email that MyChart proxy access will be granted upon activation of the MyChart link. **Please proceed to Step 5.**

## Step 5: Complete Activation

Click the **link** located in the email and this will direct you to the activation page to complete MyChart registration.

**WARNING:** The link is only active for **24 hours**. If the link expires, please call 210-450-9760 to be sent a new email.



The MyChart registration screen will allow you to create a username, password, and answer security questions. **Please note that in the date of birth field, you will put the date of birth of the parent/guardian, not the date of birth of the child.**

The image shows three input fields for a date, separated by slashes. The first field is labeled "mm", the second "dd", and the third "yyyy". Each field is currently empty.

Once all fields are complete and you agree to the Terms and Conditions, click **Submit**. You will be directed to a screen confirming your activation. Click on the "navigate to the MyChart website" link.

This completes your MyChart proxy request, **if you have a video visit please proceed to the Video Visit section on page 7.**

# Video Visits

To schedule a video visit, please contact the clinic in which you wish to make an appointment. For information regarding how to navigate a scheduled video visit, please reference the resources at [www.uthealthcare.org/mychart](http://www.uthealthcare.org/mychart), or contact the clinic for additional phone support.

UT Health San Antonio Physicians

Part of Long School of Medicine

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Contact Us | 210-450-9000

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Make Appointment MyChart

Home » What is MyChart?

## What is MyChart?

MyChart enables patients of UT Health Physicians to access their health information online, anytime, anywhere. MyChart is password protected and delivered via an encrypted connection, so all information is safe from unauthorized access.

The MyChart tool can be used to do many different things, including: request appointments, view test results, exchange messages with your provider and practice, and do **Video Visits**. It is not intended to replace office visits with your provider.

Providers may not be able to answer all of your questions electronically and may request that you schedule an appointment. This will allow for a more accurate diagnosis and determine the best treatment plan for your condition.

To obtain an account, please ask for an access code next time you are visiting a UT Health Physicians practice, or call 210-450-4111 and our office will mail you a letter with the access code.

For help logging in or for answers to other MyChart questions, please call 210-450-4111.

Once online, patients can:

- Send secure emails to your UT Health providers and receive responses within 24 hour
- Request appointments (for participating offices)
- Setup / Start **Video Visits**
- View current medications, immunizations and allergies
- Request medication refills

**MyChart Login**

For help logging in or for answers to other MyChart questions, please call 210-450-4111.

## Resources

[Under 18 Proxy Form »](#)

### Video Visit Instructions

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.
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- 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.
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- 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.

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- 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.