



Request Form for Adult Proxy Access to Minor Patient’s MyChart Account

A parent or legal guardian of a patient that is a minor (under the age of 18) must complete this form to request proxy access for him/herself or for another person to the minor patient’s Virtua Health MyChart account, which includes information from the patient’s care at Virtua Health and certain community providers who use Virtua Health’s electronic medical records system. Individuals requesting proxy access must have parental or legal guardianship rights to the minor. All fields are required. Please submit this completed form to Virtua Health’s Corporate Health Information Management Department via fax to 856-762-2843 or mail to 406 Lippincott Drive, Suite J, Marlton, NJ 08053. If you are the legal guardian of the minor patient, please also submit proof of your legal guardianship status.

Minor Patient’s Information:

Name (first, middle initial, last): _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Proxy’s Information (the “Proxy”):

Name (first, middle initial, last): _____ Date of Birth: _____


Address: _____

Last four digits of social security number: _____ Telephone Number: _____

Email Address: _____

I, the patient’s parent or legal guardian named below, understand and agree that:

- I am requesting proxy access for the Proxy to the Virtua Health MyChart account of the minor patient named above.
- I have parental or legal guardianship rights to the minor patient that give me the authority to access or grant access to his/her medical records, and there is no court order or other legal documentation restricting my access to his/her medical records.
- The Proxy will have full access to the minor patient’s Virtua Health MyChart account from ages 0-11 years old. When the minor patient is 12-17 years old, the Proxy will have limited access to his/her Virtua Health MyChart account. This is in part because federal and state law protect the privacy of certain types of medical care sought by unemancipated minors on a confidential basis.
- The Proxy’s access to the minor patient’s Virtua Health MyChart account will be terminated: 1) when the patient reaches the age of 18, 2) if my parental or legal guardianship rights to the patient are revoked, or 3) when the patient advises and provides evidence to Virtua Health that he/she has become emancipated. After age 18 or emancipation, the patient will need to complete Virtua Health’s *Adult Proxy Access Request and Authorization Form*, if desired, to continue the Proxy’s access to his/her Virtua Health MyChart account.
- This Authorization is voluntary, and I am not required to designate a MyChart proxy. Neither Virtua Health nor any of the community providers who use its electronic medical records system may condition any of the above-named minor patient’s health care treatment, payment, or other services on my signing or refusal to sign this Authorization. However, I also understand that if I do not provide authorization, Virtua Health and the participating community providers are not permitted to provide access to the minor patient’s Virtua Health MyChart medical record to the Proxy.
- This Authorization permits the release of the minor patient’s health information to the Proxy through Virtua Health MyChart only and not by other methods or in other formats.
- The minor patient’s Virtua Health MyChart medical record contains limited information and does not contain the complete contents of their Virtua Health medical record. If I wish to provide the Proxy with the full contents of the minor patient’s

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Virtua Health medical record, I will contact their Virtua Health physician practice, the Health Information Management Department at the applicable Virtua Health hospital, or the applicable community partner location.

- I understand that the minor patient’s health information disclosed to the Proxy may include information of a more sensitive nature, such as records related to: mental or behavioral health, substance use disorder (drug or alcohol abuse), genetic diseases or testing, sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and birth control and abortion (family planning). I specifically authorize the disclosure of such sensitive health information to the Proxy named on this Form via the minor patient’s Virtua Health MyChart medical record.
- This Authorization is valid for as long as I maintain the minor patient’s Virtua Health MyChart account, the patient reaches the age of majority, or until I revoke (withdraw) this Authorization, whichever comes first. I may revoke this Authorization at any time by submitting a written request to Virtua Health’s Corporate Health Information Management Department via the contact information provided above. My revocation will not apply to disclosures made prior to the revocation request being processed.
- The minor patient’s information that is disclosed to the Proxy pursuant to this Authorization may be subject to re-disclosure by the Proxy and may no longer be protected by federal and state privacy laws.

By signing below, I acknowledge that I have read, understand, and agree to the information above.

Signature of Patient’s Legal Representative (as applicable)

Date

Time

Name of Patient’s Legal Representative (Print)

Relationship to Patient or Statement of Authority to act on Patient’s Behalf (i.e. spouse, parent, legal guardian, etc.)

To be read and completed by the Proxy.

You must have your own Virtua Health MyChart account because the patient’s information will be accessible through your Virtua Health MyChart account. If you do not have a Virtua Health MyChart account, we will send you a Virtua Health MyChart activation code so you can create an account. Please indicate the manner in which you’d like to receive your activation code by checking one of the boxes below.

- Please email my sign-up code to my email address listed above and add or update my email address in my Virtua medical record.
- Please mail my sign-up code to my address listed above.

Proxy Authorization:

I understand and agree that:

- I am the proxy for the patient listed above;
- I am 18 years of age or older;
- My information listed above is accurate and complete; and
- I have read, understand, and agree to the Terms and Conditions for Virtua Health’s MyChart, which are available on Virtua Health’s MyChart website at <https://www.virtua.org/MyChart>.

By signing below, I acknowledge that I have read, understand, and agree to the information above.

Signature of Designated Proxy: _____ Date: _____

Relationship to Patient: _____ Time: _____

For Internal use only:

Virtua Employee’s Name:	Virtua Employee’s Signature:	Date: