

Place Patient Barcode Here

Family Access Form MyChart Proxy Child (0-11)

Patient Name: _____ DOB: _____

Caregiver Name: _____ DOB: _____

Caregiver Address: _____ Phone #: _____

Does Caregiver Have a My K-Chart account Yes No **(if no fill out email legibly)**

Caregiver Email _____

Relation to Patient: Birth Parent Adoptive Parent Legal Guardian Other

Was MyChart Proxy set up in the clinic? Yes No

If yes, the account username is: _____

I agree to have family (proxy) access to My K-Chart for the patient listed above. I understand that this gives access to the patient’s medical information which is currently available and that may become available as a result of future medical care. I understand that information will be limited due to provisions of state and federal laws, and that access will be revoked automatically at the age of 12.

Caregiver Signature	Date
Witness Signature	Date

This form may be returned to Health Information via fax or email. Please be sure to fill in all requested fields – missing information may result in a delay of access to the requested account.

HI Fax: (509) 942- 2701
 HI Email: ROlinbox@kadlec.org

Office use only Proxy Entered by: _____ Date: _____
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