

Place Patient Barcode Here

**Family Access Form
MyChart Proxy Teen (12-17)**

Patient Name: _____ DOB: _____ MRN: _____

Caregiver Name: _____ DOB: _____ MRN: : _____

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

I agree to give family (proxy) access to My K-Chart for the parent/guardian listed above. I understand that this gives access to my medical information which is currently available and that may become available as a result of future medical care. I understand that access will be limited due to provisions of state and federal laws, and that access will be revoked automatically at the age of 18.

The teen will be given access to his or her account and will be able to revoke access at any time.

Teen 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

