

JOHNS HOPKINS MEDICINE Proxy Access Form – Child

Scan into patient record once completed

(0-17 years old)

JOHNS HOPKINS MEDICINE MYCHART REQUEST FOR ACCESS TO CHILD'S MYCHART ACCOUNT (please print clearly)

Child's Name: _				Birth Date:				
Address:	(first)	(m. initial)	(last)	Phone #:				
	(street address)			_				
-	(-'t-A	(-1-1-)	(='= d-\	_ Medical Record #		(l		
To sign up for ac	(city)	(state)	(zip code) dicine MyChart ("MyC	'hart"\account nloace		if known)	n thic	
Request for Acce need to have an	ess Form and retu active MyChart a	rn it to your child's pr ccount in order to ac	rovider's office. If you cess your child's MyConce this form has been	are a Johns Hopkins hart. If you are not a	Medicine	patient, y	ou will	
Parent/Guardiar	Information							
Parent's/Guardian's					Parent's/Guardian's			
Name:	(6:1)	/ 2-20-D	/I = - (\)	Birth Date:				
Address:	(first)	(m. initial)	(last)	Phone:	(1	required)		
Address.		(street addre	ess)	Phone.	(required)			
				E-Mail Address	E-Mail Address:			
	(city)	(state)	(zip code - required	a ()	(1	required)		
Please note the f	ollowing age rang	e limitations for MvC	hart. These age range	e limitations do not af	fect any le	anal rinht	vou have	
 Once your child At age 18, a chill understand that: Use of MyChart This form addreformats. Once Johns Hollonger be proted Access to MyChart is interpassword with child's medical: It is my responsibelieve it may helieve it may helieve it may helieve it may the MyChart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the My access to my Chart contain contents of the 	reaches age 13, Id is no longer a rational is it is voluntary and is esses access only the pkins discloses head that is provided by ses to MyChart at an ended as a secure or others. I understainformation. Sibility to select a collave been comproment in selected, limited medical record. I also the medical record. I also the medical record. I also the medical record in the medical record in the medical record. I also the medical record in a composite the medical record. I also the medical record in a composite th	you will have limited ninor and MyChart are not required. My child's arough MyChart and does alth information as requistate privacy laws. Y John Hopkins as a cy time for any reason. Illine portal for viewing condition that if I share my use a fidential password, to reised in any way. The medical information from the counderstand that I may condition that I may condition the cords through MyChart at I have read and under the cords if you have not actions.	s to your child's MyChaccess to your child's access to your child's access by parents will be treatment will not be imples not address access to ested, it potentially may convenience to its patient confidential medical information and password with maintain my password in maintain my password in may patient's medical received your make may become par will be permitted only understand this MyChart Received your MyChart acted guardian. (Attach parents will be permitted only understand this MyChart acted guardian. (Attach parents will be permitted only understand this MyChart acted guardian. (Attach parents will be permitted only understand this MyChart acted guardian. (Attach parents will be permitted only understand this MyChart acted guardian. (Attach parents will be permitted only understand the guardian.)	MyChart account. De terminated automation acted, whether or not I is medical record by other to the mation. I will not share the another person, that a secure manner, and the proof and that MyChart do hild's medical record that to f the medical record to the medic	use MyChar methods of disclosed if pkins Med my MyChaperson may on change in the cough other 18. er ms. er period.	or in other information icine has art userna by be able to my passwo ect the cormeans.	the right to the right to time and o view my ord if I mplete	
Printed Name			9 ()		,	-1 [-1	- /	
Signature of Page	arent/Guardian				Date:			
This form is for si	ignature <u>only</u> by a	parent or guardian v	vith parent rights for th	ne child named above	e; do not s	required) Submit this		

you do not have parental rights for the child named above.