



## MyChart Adolescent Proxy Attestation

Patient's Last Name		First Name	
MRN		Visit Number	
Patient's Birthdate (yyyy/mm/dd)	Age	Gender	
Address			
Street	City	Province	Postal Code

At Hamilton Health Sciences, only a patient's parent or legal guardian can ask for a proxy account to be able to see the patient's health information in MyChart, for patients under the age of 16.

### Providing access to my parent / legal guardian for patients 12 years of age or older (or those who will turn 12 years of age in the next 6 months):

Patients 12 years of age and older can decide whether to provide express written consent to give their parent or legal guardian proxy access, or to continue to have proxy access that was previously granted. An email reminder will be sent to the parent or legal guardian with proxy access (six and two months prior to the patient's 12th and 16th birthdays) with a notice reminding them to complete this form with the Patient in order to ensure proxy access is maintained pursuant to the level of access indicated below.

Please note, when the patient turns either 12 or 16 years of age (within 6 months of signing up for MyChart), re-enrollment may not be needed and access will then remain.

The patient may deactivate their parent's or legal guardian's proxy's access at any time within the MyChart patient portal or by contacting the applicable Health Records Management department.

This section authorizes HHS to release personal health information to a patient's parent or legal guardian (proxy).

- I am requesting that my parent or legal guardian, receive **FULL ACCESS** to my health information available through MyChart.
- I am requesting that my parent or legal guardian, receive **RESTRICTED ACCESS** (to pay bills and schedule appointments only) to my health information available through MyChart.

Signature of Patient \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Printed Name \_\_\_\_\_

For patients over 12 years of age who do not have the capacity to approve proxy access:

Authorizing healthcare provider: \_\_\_\_\_  
(Printed Name) (Signature & Designation)





# MyChart Adolescent Proxy Attestation

Patient's Last Name		First Name	
_____		_____	
MRN	Visit Number		
_____	_____		
Patient's Birthdate (yyyy/mm/dd)	Age	Gender	
_____	_____	_____	
Address			
_____			
Street	City	Province	Postal Code
_____	_____	_____	_____

**Providing access to my parent / legal guardian for patients 16 years of age or older (or those who will turn 16 years of age in the next 6 months):**

In the event a Patient is, 1) at least 16 years of age, and 2) elects not to obtain a MyChart account for themselves, the Patient authorizes Hamilton Health Sciences to release personal health information to a patient's parent or legal guardian (Proxy).

Please note that if the Patient currently has a MyChart Account (for those Patients between 12 years and 16 years of age), they must make a selection below prior to the Patient's 16<sup>th</sup> birthday (otherwise the Proxy's access to MyChart may be revoked).

This section authorizes Hamilton Health Sciences to release personal health information to a patient's parent or legal guardian.

- I am requesting that my parent or legal guardian, receive **FULL ACCESS** to my health information available through MyChart.
- I am requesting that my parent or legal guardian, receive **VIEW ONLY ACCESS** to my health information available through MyChart.
- I am requesting that my parent or legal guardian, receive **access to SEND MESSAGES and SCHEDULE Appointment only**, through MyChart.

Signature of Patient \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Printed Name \_\_\_\_\_

For patients over 12 years of age who do not have the capacity to approve proxy access:

Authorizing healthcare provider: \_\_\_\_\_  
(Printed Name) (Signature & Designation)

It is the responsibility of the Patient to ensure that Hamilton Health Sciences has the correct email address (to receive notifications) on file.

By signing this form, I agree to use, disclosure and sharing of personal and personal health information through the MyChart portal and I understand and agree to the Hamilton Health Sciences MyChart Terms and Conditions related to MyChart and release of information and proxy designation (if applicable), which is available at

<https://mychart.hhsc.ca/MyChartEpicPRD/Authentication/Login?mode=stdfile&option=termsandconditions>

A copy of these Terms and Conditions can also be provided upon request.

Signature of Patient \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Printed Name \_\_\_\_\_ For proxy access request

Administration:  MyChart Proxy Attestation for the patient has been completed

