



Patient Label

Request for MyHealth Proxy Access to a Minor

Parents or guardians of minor children may request access to their child's MyHealth account by completing this form and submitting it to the Legacy clinic where they receive services. A minor is an unmarried, not emancipated, person under the age of 18. Only individuals with parental rights or legal guardianship over minors shall be provided proxy access to that minor's MyHealth account. **If you are not the birth parent, you must provide documentation that establishes you are the legal guardian for this patient.**

Please note the following age limitations for access to a minor's MyHealth account. These range limitations do not affect any legal right you have to access your child's records by other means.

Children 13 years of age and younger:

- Full proxy access for parent/legal guardian that expires when the patient turns 14

Minors age 14 to 17:

- Proxy access may be limited for the parent/legal guardian and expires when the patient turns 18
- Proxy access designation is voluntary; however, should the minor patient choose to grant proxy access, the minor patient must sign and date below.

Minor Child Information	
Patient Name: _____	Date of Birth: _____ Age: _____
Address: _____	
Parent/Guardian Proxy User Information	
Parent/Guardian Name: _____ Date of Birth: _____	
Contact phone: _____	Email address: _____
Address: <input type="checkbox"/> Same as minor/child <input type="checkbox"/> Different: _____	
Relationship to minor/child (select one): <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Other: _____	
*Legal documentation of guardianship is required (e.g., court order, adoption decree, etc.)	
Type of access granted (select one): <input type="checkbox"/> Full proxy access <input type="checkbox"/> Partial proxy access	
If type of access is not selected, Partial proxy access will be granted by default	

Minor Patient age 14-17 Terms and Conditions for Granting Proxy Access

I hereby understand that with my signature, I am granting my parent/legal guardian access to my medical information through Legacy Health MyHealth. Unless revoked by me in writing, proxy access will automatically expire when I turn 18 years old. I understand proxy access designation is voluntary and I am not required to designate a proxy user. I understand that I may revoke proxy access by submitting a written request at any time.

Signature of Patient

Date

Parent/Legal Guardian Terms and Agreement for Receiving Proxy Access

I attest that I am the parent/legal guardian of the minor child named above. My parental rights have not been surrendered, revoked, terminated or otherwise nullified by order of the court regarding contact with, or information about the minor child named above. Should my legal authority to make health care decisions for my child change in the future, I will contact Legacy Health immediately. I agree to comply with *Legacy Health MyHealth Terms and Conditions of Use* found at: <https://myhealth.lhs.org>

Signature of Parent/Legal Guardian

Date