



**PROXY FOR MINOR (BIRTH TO AGE 15) APPLICATION**

**Access to Your Child's MyChart Medical Record**

Please complete this Proxy for Minor Application form and return it to the child's primary physician clinic or to the Health Information Management department at Lexington Medical Center. Access to a child's online record is available only to parents or individuals with legal guardianship. Your child's chart will be accessed through your MyChart account. If you do not have a MyChart account, one will be created for you.

Consistent with state and federal law, access to your child's MyChart account will automatically terminate the day before your child's 16th birthday. Access may be reinstated upon completion and receipt of the "Proxy for Adult Authorization" form.

**▶ Minor Patient Information**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL  
Date of Birth (MM/DD/YY): \_\_\_\_\_ Patient Medical Record #: \_\_\_\_\_

**▶ Proxy (Parent/Guardian) Information**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL  
Date of Birth (MM/DD/YY): \_\_\_\_\_ Last Five Digits of Proxy's SSN#: : \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

**Relationship to Child (Select One)**     Parent     Legal Guardian

I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct. By signing this form, I also agree to the Terms and Conditions for use of MyChart, which can be found on the MyChart website.

Proxy must attach a copy of the court order appointing guardian and letters of guardianship verifying the proxy's status as permanent legal guardian of the patient.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN (REQUIRED) DATE

\_\_\_\_\_  
PRINTED NAME

**FOR STAFF USE ONLY – NAME OF LEXINGTON MEDICAL CENTER EMPLOYEE WHO VALIDATED PROXY RELATIONSHIP TO MINOR**

\_\_\_\_\_  
PRINTED NAME DATE