



Neighborhood Outreach Access to Health

# MyChart Child Proxy Access

For children up to age 18, parents or legal guardians can request proxy access to view their child's MyChart account by completing this Child Proxy Access form. Parents or guardians can complete this form to provide authorization for release of medical information on the NOAH Website at [www.noahhelps.org/MyChart](http://www.noahhelps.org/MyChart).

### What is proxy access?

Proxy access allows a parent, legal guardian, or caretaker to link the patient's/child's MyChart account to their own MyChart account. Linking the patient's/child's MyChart account to their own will allow the parents or guardians (proxies) to view and manage the personal health information of the patient.

For parents, guardians, or children who don't currently have a MyChart account, by submitting this form, a MyChart account will be automatically created.

### Parent/Guardian Information: *(All Sections required – Please print clearly)*

Name *(last, first, middle initial)* \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Please note:

- When a child reaches the age of 13, MyChart will automatically give parents/legal guardians limited access to the child's MyChart account.
- Once a child/adolescent reaches age 18, parents/legal guardians will no longer have access to the child's MyChart account.
- Pursuant to applicable law, certain health information in the child's health record may not be disclosed.
- If a child is emancipated, they will need to complete the Adult Proxy form to grant parents/legal guardians access to their record.
- To request a copy of a child's/adolescent's record, contact the NOAH Health Information Management Department (HIM) at **480-882-4545 extension 8**. Additional authorization will be required.

### Please provide the following information for each child: *(All fields are required. If you have more than three children for whom you would like proxy access, please request another form.)*

A. Name *(last, first, middle initial)* \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. Name *(last, first, middle initial)* \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

C. Name *(last, first, middle initial)* \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By signing below, I acknowledge that I have read and understand this Child Proxy Access form and agree to the MyChart [terms and conditions](#) found at [mychart.ochin.org/noahhelps](http://mychart.ochin.org/noahhelps).

▶ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Signature of Parent or Authorized Person** *(Required)*                      **Relationship to Patient**                      **Date**

▶ \_\_\_\_\_  
**Printed Name**

Submit Completed Forms to:

**NOAH - Health Information Management**  
**Mail:** 7500 N. Dreamy Draw Dr., Ste 145, Phoenix, AZ 85020

**Email:** [him@noahhelps.org](mailto:him@noahhelps.org)  
**Fax:** 480-882-4594

❗ Forms can also be dropped off at any NOAH Health Center Front Desk.

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