



Proxy Request and Authorization Form
for Access to MyChart™ Minor Patient Portal

Parents and legal guardians of minor patients can complete this form to request "proxy access" to the child's health information in University Health's MyChart™ Patient Portal.

All Sections Required-PLEASE PRINT

Section I. Patient (Child's) Information:
Name: Last First MI DOB: MM DD YYYY
Home Address: Street Address City State Zip Code

Section II. Requestor (Parent/Legal Guardian) Information:
Name: Last First MI DOB: MM DD YYYY
Home Address: Street Address City State Zip Code
Phone #: Cell Home Work
Requestor's Email Address:
Relationship to Patient: Parent Legal Guardian

By signing this Proxy Request and Authorization Form, I acknowledge and agree that:

- I am the parent or legal guardian.
I am not a CPS worker or a foster parent. Caretakers with temporary guardianship are not eligible for proxy accounts...
There are no court orders or restraining orders in effect limiting the access to my child's medical records and/or information.
I am giving my permission for University Health to disclose my child's protected health information (PHI) through the MyChart™ Patient Portal...
I will establish my own MyChart™ account in order to access my child's MyChart™ account.
Certain health information may be withheld from the account, if the healthcare provider considers it to be in the best interest of the child.
Once my child turns 18, he/she has the authority under Texas Law to create their own access to MyChart™.

X
Parent or Legal Guardian Signature Relationship to Patient Date

If you have any questions or need help completing this form, please contact the office below:

Medical Records Department
701 S. Zarzamora
SanAntonio, TX 78207
Phone: (210)358-1777 FAX:(210)702-4088

Office Use Only:
Patient (Child's) MRN Approved; Manual Invite Sent On: Security Code:
Rejected: Reason:

