

UBCP MyChart Proxy Authorization Form
Granting Proxy Access to Parent/Guardian on behalf of
an ADOLESCENT (Age 12 - 17 years)

PATIENT'S NAME: _____ **PATIENT'S CELL PHONE:** _____

PATIENT'S MEDICAL RECORD #: _____

Important Reminder: UBCP MyChart displays certain information from medical records, but **it does not display all health information** in medical records.

Parent/Legal Guardian of Adolescent: This authorization form is used to establish UBCP MyChart accounts for both the Parent/Legal Guardian and the adolescent patient. This authorization form serves as acknowledgement and permission for my adolescent to have a UBCP MyChart account. Legal papers establishing parental or guardian relationship may be requested. A renewal of this authorization may be requested as well. Expiration of proxy access automatically occurs on the patient's 18th birthday.

AGREEMENT

The *UCSF Benioff Children's Physicians (UBCP) Terms and Conditions for UBCP MyChart*, and the *UBCP MyChart Proxy/Disclaimer for access to My Family's Record* in the UBCP MyChart section control this agreement between the patient's Parent/Legal Guardian and UBCP. Please refer to these documents when you signup online.

YOUR RIGHTS

This Authorization to release health information is voluntary. You may revoke proxy access at any time. For revocation, please contact the patient's practice. The Revocation will take effect within 2 business days upon notification of your request except to the extent UBCP or others have already relied on it.

REVOCAION/EXPIRATION OF AUTHORIZATION

Unless otherwise revoked, or ended by revocation, authorization for UBCP MyChart proxy access will not expire unless the relationship between the legal guardian and the patient changes.

Print Name of Parent/Legal Guardian: _____

If the Parent/Legal Guardian *is* an UBCP patient: MRN _____

If the Parent/Legal Guardian *is NOT* an UBCP patient:

Full Social Security # : _____

Sex: Male ___ Female ___

Date of Birth: ___/___/___ (Parent Date of Birth)

Preferred Contact #: _____

Address: _____

___ Preferred Language: _____

I attest that the above information is true and correct.

Signature of Child's Parent/Legal Guardian: _____ **Date:** ___/___/___

Practice representative who witnessed this proxy:

_____ **(Print Name)**

_____ **(Signature)**

Date: ___/___/___

UBCP MyChart

Parent/Legal Guardian Proxy – ADOLESCENT (Age 12-17 years)

Dear Parent/Legal Guardian,

Thank you for signing the *UBCP MyChart Proxy Authorization* form. This is the first step in allowing you to view some of your adolescent's health information online through UBCP *MyChart* patient portal.

UBCP *MyChart* patient portal is offered to you free of charge as an online resource for routine health care needs. For patients age 12-17, UBCP requires signed approval from the parent or guardian in order for the parent/guardian to view some of the child's health information on MyChart. Proxies would have access to adolescent test results, allergies, and immunizations; they can message their adolescent's providers and request appointments on their adolescent's behalf. **Parents/guardians will not have access to information related to sensitive services**, such as reproductive health (i.e. pregnancy testing, contraception, testing and treatment for sexually transmitted diseases), and certain mental health and substance use screening and treatments. Because certain sections may contain sensitive information, parent proxy access will be limited as follows:

Content	Adolescent (12-17 yrs)	Parent Proxy (≥ 12 yrs)	Parent Proxy (0-11 yrs)
Labs	YES	YES	YES
Immunizations	YES	YES	YES
Allergies	YES	YES	YES
Growth Chart	YES	YES	YES
Messaging to and from Provider*	YES	YES	YES
Appointment Request	YES	YES	YES
Appointment View	YES	NO	YES
Problem List/Summary	YES	NO	YES
Medications/Refill Request	YES	NO	YES

* Parent and teen can send private messages to the provider.

Once your child turns 18, you will be removed from their account and will not see any of their health care information. If you have any questions, please call the patient's practice or UCSF MyChart Customer Service at 415-514-6000 (M-F 8 am -5 pm) or email us at UCSFMyChart@ucsfmedctr.org.