



CHILD UNDER 12 PROXY REQUEST FORM

This Child Proxy Request Form (this "Form") is to be completed by a parent or permanent legal guardian of a child-patient (the "Patient") who either wants to give himself/herself or another individual to access information about the Patient available through the MyChart patient portal ("MyChart"), furnished by Froedtert Health Inc. ("FH") and the Provider Organizations listed below. In either case, the individual authorized to access the Patient's PHI through MyChart is the Patient's proxy (the "Proxy"). Note that there is no access to a Patient's MyChart account if the Patient is between the ages of 12 to 17 years old.

MyChart is an easy-to-use online tool or mobile app that provides quick and secure access to appointments, medications, and other medical record information of health care services. FH furnishes MyChart for the patients of the following organizations and their respective subsidiaries and other affiliates that use FH's Epic electronic health record system ("Epic EHR System") (collectively, the "Provider Organizations", and together with FH, "we", "us" or "our"):

- Froedtert Memorial Lutheran Hospital, Inc., Community Memorial Hospital of Menomonee Falls, Inc., St. Joseph's Community Hospital of West Bend, Inc., Froedtert & The Medical College of Wisconsin Community Physicians, Inc., West Bend Surgery Center, Froedtert Surgery Center, LLC, Drexel Town Square Surgery Center, LLC, Menomonee Falls Surgery Center, LLP, Inception Health, LLC, Wisconsin Diagnostic Laboratories, LLC and certain other affiliates of FH (collectively, "FH Affiliates");
- The Medical College of Wisconsin, Inc. ("MCW"); and
- Certain other organizations that contract with FH for the right to use FH's Epic EHR System in their healthcare facilities, physician offices and other locations.

For more information about FH and the Provider Organizations, please visit <https://www.froedtert.com>.

The information available through MyChart is protected health information ("PHI") under HIPAA. The FH Affiliates and MCW use and disclose the Patient's PHI in accordance with the Joint Notice of Privacy Practices available at <https://www.froedtert.com/patients-visitors/patient-privacy/privacy-practices> or by request. The Proxy may request the other Provider Organizations' Notices of Privacy Practices from the Provider Organizations.

The parent or permanent legal guardian may designate himself/herself or another person as a Proxy to access and use the Patient's MyChart account on the Patient's behalf by completing the Patient and Proxy identifying information below. The Proxy will be able to view the PHI and other information available through the Patient's MyChart account, and will be able to take any action through the Patient's MyChart that the Patient would take.

Patient Information:

Patient's Name:		DOB:	
Address:			
Phone Number:		Last 4 SSN:	

Proxy Information: [A Proxy that does not already have a MyChart account must fill out a MyChart Account Request Form. The Proxy can only see the Patient's MyChart records by logging into the Proxy's own MyChart account.]

Email Address:			
Proxy's Name:	Proxy's DOB:	Phone #:	
Street			
City:	State:	Zip:	

Proxy's Relationship to the Patient is as follows:

- Parent**
- OR**
- Permanent Legal Guardian of the Patient** – Must attach a copy of the court order appointing guardian and letters of guardianship verifying the Proxy's status as the permanent legal guardian of the Patient.
- OR**
- Individual authorized by the Patient's Parent or Permanent Legal Guardian**

Parent or Permanent Legal Guardian / Proxy: [The parent or permanent legal guardian, and the Proxy must read and agree to the following statements by signing below.]

By signing below, the undersigned parent or permanent legal guardian and the undersigned Proxy each understands and agrees that:

- The Proxy has not been denied periods of physical placement with the Patient and there are no court orders or restraining orders in effect limiting the parent's, permanent legal guardian's or Proxy's access to the Patient's medical records and/or information;
- The Proxy will be able to see and disclose the PHI and other information about the Patient available in MyChart when the Proxy signs into the Proxy's MyChart account;
- When the Proxy accesses the Patient's MyChart account, the Proxy will be able to view, save, print, email or otherwise text or transmit, download, add limited information to the Patient's MyChart account, and share the PHI in the Patient's MyChart account with other people. When the Proxy shares the Patient's information with other people, they may also be able to view, share, email or otherwise text or transmit, print, save and download the Patient's information. They may also be able to add information into the Patient's MyChart account. The Proxy takes full responsibility for sharing the information;
- There are age range limitations for MyChart. These age range limitations do not affect any legal right the Proxy has to access the Patient's record by other means. The Proxy can request a paper copy of the Patient's record, by contacting the Health Information Management Department;
- For a child age 0 to 11 years, the Proxy will be granted full access to the Patient's MyChart record. On the Patient's 12th birthday, the Proxy will no longer have access to the Patient's MyChart record;
- The Proxy has read and understands, and will comply with the terms on this Form, the MyChart Account Request Form, and the MyChart Terms & Conditions, available at <http://www.mychartlink.com>;
- The Patient's parent or permanent legal guardian, and Provider Organization may revoke the Proxy's access to the MyChart account at any time;
- We will revoke the Proxy's access to the MyChart account if we become aware of the Patient's death; and
- All information identifying the Proxy on this Form is current and correctly identifies the Proxy.

X _____ / _____ / _____
Parent or Permanent Legal Guardian signature (Required) Relationship to Patient (Required) Date (Required)

X _____ / _____ / _____
Proxy signature (Required) Relationship to Patient (Required) Date (Required)

For Official Use:

1. I have given a photocopy of the signed MyChart Authorization document to the Patient or the Patient's parent/permanent legal guardian.
2. I HAVE PLACED A PATIENT LABEL ON EACH OF THE PAGES GOING TO MEDICAL RECORDS.
3. I have viewed the parent's/permanent legal guardian's ID on _____ by _____
Date Signature of Provider's Staff Member

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**MyChart Authorization for Use or Disclosure of
Protected Health Information - For Child Under 12 Proxy Request**

Patient's Name:		DOB:	
Address:			
Phone Number:		Last 4 SSN:	

The undersigned parent or permanent legal guardian of the child-patient under 12 years old (the "Patient") have has requested access the Patient's MyChart account for the individual proxy identified below (the "Proxy"). This authorization form (this "Authorization Form") permits Froedtert Health Inc. ("FH") and the Provider Organizations listed below to release the protected health information ("PHI") in the Patient's MyChart account to the Proxy.

FH furnishes MyChart for the patients of the following organizations and their respective subsidiaries and other affiliates that use FH's Epic electronic health record system ("Epic EHR System") (collectively, the "Provider Organizations", and together with FH, "we", "us" or "our"):

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For more information about FH and the Provider Organizations, please visit <https://www.froedtert.com>.

Parent or Permanent Legal Guardian: *[The parent / permanent legal guardian must read and sign the following statement.]*

By signing below, the undersigned parent or permanent legal guardian, understands and agrees that:

- The parent or permanent legal guardian requests and authorizes the Provider Organizations to release the PHI in the Patient's MyChart account through MyChart to the Proxy listed on this Authorization Form;
- The name and the address of the Proxy who is authorized to receive and direct the disclosure of the PHI through MyChart is:

Proxy's Name:			
Relationship to Patient:			
Street			
City:	State:	Zip:	

- **Description of the PHI to be released to the Proxy:** All medical record and other information available in MyChart, including, without limitation, information relating to mental illness, alcohol/drug abuse, sexually transmitted diseases, HIV test results, developmental disabilities and genetic testing results;
- **Purpose of Disclosure:** The medical record information and other PHI available in MyChart will be released to the Proxy at the parent or permanent legal guardian's request;
- **Authorization Time Period:** This Authorization Form is effective until the Patient's MyChart account is inactivated and includes all PHI created or existing on or before the date the parent or permanent legal guardian signed this Authorization Form, and all PHI created after the date the parent or permanent legal guardian signed this Authorization Form;
- **Right to Revoke Authorization:** The parent or permanent legal guardian has the right to revoke this Authorization Form and the Proxy's MyChart access at any time. The parent or permanent legal guardian may revoke this Authorization Form by revoking access in writing and mailing it to: Froedtert & Medical College of Wisconsin, Office of Clinical Informatics, 200 Woodland Prime, N74 W1501 Leatherwood Ct, Menomonee Falls, WI 53051. Any revocation will not apply to information that has already been released;
- **Right to Receive Copy of Authorization:** The parent or permanent legal guardian will receive a copy of this Authorization Form, if signed. The parent or permanent legal guardian also has the right to inspect or copy the

health information disclosed to the Proxy under this Authorization Form. The parent or permanent legal guardian may arrange to inspect the Patient's health information or obtain copies of the Patient's health information by contacting the Health Information Management Department at (262) 836-2510;

- **Redisclosure Notice:** If the Proxy or any other person receiving PHI from the Proxy is not a health plan, health care provider or health care clearinghouse subject to HIPAA and other privacy laws, the person may further disclose the PHI and it may no longer be protected by such privacy laws; and
- **Right to Refuse to Sign this Authorization:** The parent or permanent legal guardian may refuse to sign this Authorization Form. The parent's or permanent legal guardian's refusal to sign this Authorization Form will not affect the Patient's ability to obtain treatment from the Provider Organizations. If the parent or permanent legal guardian refuses to sign this Authorization Form, the Proxy's access to the Patient's MyChart account will not be granted;

X _____ / _____ / _____
Parent / Permanent Legal Guardian signature (Required) Relationship to Patient (Required) Date (Required)

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