



Return completed forms to:
150 Bergen Street, B417
Newark, New Jersey 07103-2425
(973) 972-5608

REQUEST FOR PROXY
ACCESS TO ADOLESCENT'S
MYCHART ACCOUNT

(please print clearly)

To sign up for proxy access to the MyChart record for a patient between 13 and 18 years old, ("Adolescent") please complete and sign both pages of this Adolescent Proxy Form. Access to an Adolescent's online record is only available to the birth parents or individuals with legal guardianship.

Under State and Federal law there are certain types of medical information that the parent or guardian of an Adolescent may not view without the consent of the Adolescent. Because of these requirements, a parent or legal guardian may access the Adolescent's MyChart record only with the Adolescent's consent. Both the Adolescent and the parent or legal guardian must sign below. Forms may be dropped off at your physician's office or to the University Hospital, HIM Release of Information Services. You may also mail them to the address above.

If you are a University Hospital and/or Rutgers Health patient, you will need to have an active MyChart account in order to access your child's MyChart. If you are not a University Hospital and/or Rutgers Health patient, a MyChart account will be established for you once this form has been processed.

This Proxy Access expires when the Adolescent turns 18 unless access is previously revoked by Adolescent.

Patient Information

Please provide the following information for the Adolescent: (All fields are required. A separate form must be completed for each Adolescent.)

Name (first, middle initial, last):

Gender: Male / Female Date of Birth: Phone:

Street Address:

City: State: Zip:

Parent/Guardian Information (All sections required)

The section should be completed by the individual requesting access to an Adolescent's MyChart record.

Name (first, middle initial, last):

Date of Birth:

Email: Phone:

Street Address:

City: State: Zip:

I have read and understand the term and conditions (below) for accessing the Adolescent's MyChart record. I also certify that I am the parent or legal guardian of the Adolescent listed on this form and that all information I have provided is correct. This proxy form is valid until revoked or otherwise expires.

Parent/Legal Guardian Relationship to Patient Date

This form is for signature only by a parent or guardian with parent rights for the adolescent named above; do not submit this form if you do not have parental rights and legal custody for the adolescent named above. Please include a copy of a government issued photo ID with the request. If your address does not match that of the adolescent, attach proof of address such as utility bill, bank statement, etc.

For Adolescent

I consent to allow my parent or legal guardian, named above, access to my MyChart record that contains my medical information currently available and that may become available as a result of future medical care. I understand that I can revoke this access at any time. If I do not revoke access or otherwise notify University Hospital and/or Rutgers Health of my emancipated status, my parent or legal guardian will have access until my 18th birthday.

I understand that the following items may be disclosed along with other health information in my medical record including information related to HIV/AIDS, behavioral or mental health, developmental disabilities, treatment for substance use disorder, genetic testing and counseling, artificial insemination, sexual assault/abuse, domestic abuse of an adult with a disability, child abuse and neglect, sexually transmitted illnesses, pregnancy, and birth control.

Adolescent Signature Date

Witness Signature (anyone other than parent or Adolescent) Date

Witness Printed Name

MyChart Terms and Conditions:

- I understand that MyChart should never be used for urgent matters. If I am experiencing a life-threatening illness or injury, I will go to the nearest hospital emergency department and/or dial 9-1-1 for immediate attention.
- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or the Adolescent’s health information, and health information about someone who has authorized me as a MyChart proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the Adolescent’s medical record.
- I understand that access to MyChart is provided by University Hospital and/or Rutgers Health as a benefit to its patients and that University Hospital and/or Rutgers Health has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy. I also understand that, under certain circumstances (e.g., Adolescent’s emancipation, pregnancy, or marriage), an Adolescent may revoke proxy MyChart access provided under this agreement.
- I understand that additional terms and conditions applicable to my use of MyChart are set forth on the MyChart Portal, and I agree that my use of MyChart constitutes acceptance of these terms and conditions.