

**REQUEST FOR ACCESS TO  
CHILD'S MYCHART ACCOUNT**

(please print clearly)

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

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
(first) (m. initial) (last)

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
(street address)

\_\_\_\_\_ **Medical Record #:** \_\_\_\_\_  
(city) (state) (zip code)

To sign up for access to your child's MyChart account, please complete and sign this Request for Access Form and return it to your child's provider's office. 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.

**Parent's/Guardian's Name:** \_\_\_\_\_ **Parent's/Guardian's Birth Date:** \_\_\_\_\_  
(first) (m. initial) (last) (required)

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(street address) (required)

\_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_  
(city) (state) (zip code) (required)

**Last 4 digits of Parent's/Guardian's SSN** (for matching purposes if you have been a patient at University Hospital and/or Rutgers Health): \_\_\_\_\_

Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child's record by other means.

- If your child is age 0-12, you will be granted full access to your child's MyChart account.
- Once your child reaches age 13, you will have limited access to your child's MyChart account.
- At age 18, a child is no longer a minor and MyChart access will be terminated automatically.

I understand that:

- Use of MyChart is voluntary and is not required. My child's treatment will not be impacted whether or not I use MyChart.
- Once University Hospital and/or Rutgers Health discloses health information as requested, it potentially may be re-disclosed and the disclosed information may no longer be protected by federal and state privacy laws.
- Access to MyChart is provided by University Hospital and/or Rutgers Health as a benefit to its patients and University Hospital and/or Rutgers Health has the right to deactivate access to MyChart at any time for any reason.
- MyChart is intended as a secure online portal for viewing confidential medical information. **I will not share my MyChart username and password with others.** I understand that if I share my username and password with another person, that person may be able to view my child's medical information.
- 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.
- MyChart contains selected, limited medical information from a patient's medical record and MyChart does not reflect the complete contents of the medical record. I also understand that I may request a complete copy of my child's medical record through other means.
- My activities within MyChart are trackable and entries I make may become part of the medical record.
- My access to my child's medical records through MyChart will be permitted only until my child reaches age 18.
- By signing below, I acknowledge that I have read and understand this MyChart Request and I agree to its terms.

*This Request will expire in 45 days if you have not activated your MyChart account within that time period.*

I represent that I am the child's parent or legally appointed guardian. (Attach proof of legal guardianship status if applicable)

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(required)

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