



Consent Form • MyChart Forms

Medical Record Number

Patient Name

Addressograph Stamp – Patient Name, Medical Record Number

### MyChart Proxy Access Request Form- Request for Online Access to Medical Records

I hereby request Lucille Packard Children's Hospital Stanford/Stanford Children's Health provide access to health information in MyChart allowable by law, of the minor patient named below to the following proxy representative.

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 records by other means. To request a copy of your child's record, contact the medical records department.

- If your child is age 0-11: You will be granted full access to your child's MyChart record, a subset of complete medical records
- If your child is age 12-17: You will be granted partial access to your child's MyChart record. (e.g. immunizations, messaging)
- Once your child reaches age 18, you will no longer have access to your child's MyChart record.

Please print legibly and complete all fields to ensure timely processing.

#### MEDICAL RECORD ACCESS REQUEST

Patient Name: _____		My relationship to patient: <input type="checkbox"/> Parent <input type="checkbox"/> Other	Are you the legal custodian*? <input type="checkbox"/> Yes <input type="checkbox"/> No
First _____	Last _____		
Date of Birth: _____	MRN: _____		

\*Legal documents may be required, such as a birth certificate, guardianship papers, adoption documents, etc.

#### REQUESTOR INFORMATION (Parent/Legal Guardian)

Your Name: _____	
First _____	Last _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Date of Birth: _____
Email: _____	
Your Signature: _____	Date: _____

To activate in person please bring this form to your next appointment or directly to the HIMS department.

**In Person or by mail:** Stanford Children's Health | Health Information Management Services

4700 Bohannon Drive, MC 5200, Menlo Park CA 94025

**OPEN** Mon-Fri 8:30am-3:00pm **CLOSED** Holidays

**By Email:** [HIMS-mychart@stanfordchildrens.org](mailto:HIMS-mychart@stanfordchildrens.org)

If submitting this form via mail/email and there is no signature on file to validate your signature, a copy of your state ID, driver's license or passport needs to be submitted along with this form for activation.

**Receiving your Access Code:** Your code will be mailed to you. Please allow up to one week for processing. We're sorry, but this process is not available if you are not already a registered patient with us. New patients may sign up at their first visit.

#### FACILITY USE ONLY

Date Received: \_\_\_\_\_ MyChart granted by: \_\_\_\_\_ Dept/Phone Number: \_\_\_\_\_

☐ Form sent to HIMS department for processing ☐ Access Denied letter mailed: \_\_\_\_\_