

With Family Access, you can view the summary health record of your minor child under 13 years old as an authorized Proxy using MyChart. Only parents and legal guardians may act as a Proxy and view their minor child's health information using MyChart.

*Designation as a MyChart Proxy does not give you new rights to give or withdraw consent for the child's procedures, services, admissions, discharges, organ donations, autopsies, or life support, different from the rights you may or may not have today.*

To become a Proxy for a minor child under 13 years old, you must complete this form. Once Proxy access is enabled, you will be able to:

- View your minor child's summary health information in MyChart created by physicians, hospitals, and other healthcare providers who use the Epic medical record platform. **This may include information related to diagnosis and/or treatment of HIV, mental health, drug and alcohol-related conditions, pregnancy, and/or sexually transmitted diseases.**
- Communicate with your minor child's healthcare providers on their behalf regarding tests, treatments, medications, medical advice, and administrative/account-related issues using MyChart secure messaging.
- Request and schedule appointments on your minor child's behalf using MyChart
- Complete health questionnaires and request changes to your minor child's health information on their behalf using MyChart.

You may always decide to fully revoke your Proxy's Family Access by selecting the option below.

**MyChart billing and payment information is only visible to the guarantor of the child's insurance plan.** You will not be able to view or act on your child's billing or payment information using MyChart, regardless of your Proxy status, unless you are the responsible guarantor.

**By signing this form, I acknowledge and agree to the following:**

- I have read and understand this MyChart Family Access Form, the Family Access Terms and Conditions of Use, and the General Terms and Conditions of Use applicable to MyChart, and I will comply with all requirements when acting as a MyChart Proxy of my minor child's health information.
- My minor child's treatment will not be affected in any way, whether I sign or do not sign this form. I am not required to sign this form for my child to receive treatment.
- I will remain a MyChart Proxy of my child's health information until one of the following occurs:
  - My child independently consents to certain services where allowed by Pennsylvania law and decides to terminate the Proxy relationship.
  - My child turns 18 years old, and the Proxy relationship is automatically terminated.
  - I decide to terminate my Proxy relationship.
  - My child dies, and the Proxy relationship is automatically terminated.
- Once my minor child turns 13 years old, my Proxy access privileges will be automatically limited/reduced in accordance with Allegheny Health Network policies and practices to respect my child's privacy rights. My minor child may, in his/her sole discretion, elect to reinstate full Proxy access privileges.
- Allegheny Health Network reserves the right to revoke a Proxy's MyChart access privileges at any time, for any reason, including but not limited to failure to comply with the Family Access Terms and Conditions of Use and/or the General Terms and Conditions of Use applicable to MyChart.
- Allegheny Health Network is not liable for any redisclosure or unauthorized use of information by a Proxy.



**MyChart Family Access Form For  
Patient Under 13 Years Old**

Patient Identification

## Child Information

Complete the information below.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parent or Legal Guardian Information (Proxy)

Complete the information below.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Once completed and signed, please return this form to your doctor's office. You can also mail, fax or email to the contacts below:

### Health Information/Medical Records

Attn: Data Integrity  
1301 Carlisle Street  
Natrona Heights, PA 15056

**FAX:** 724-226-7494

**Email to:** [MyChartDataIntegrity@ahn.org](mailto:MyChartDataIntegrity@ahn.org)



**MyChart Family Access Form For  
Patient Under 13 Years Old**

Patient Identification