

MyChart Proxy Access Agreement for Parent and/or Legal Guardian

Patient Information

Patient Name: First, Middle, Last			Date of Birth: mm/dd/yyyy
Street Address	City	State	Zip

Parent-Guardian Proxy Information

Please note that for all types of proxy access, the patient's chart will be accessed through the proxy's own MyChart account.

Proxy Name: First, Middle, Last			Date of Birth: mm/dd/yyyy
Street Address	City	State	Zip
Email Address	Phone	Relationship to Patient	

As parent, legal guardian or legal custodian of the above-named patient, I understand that Olympia Pediatrics PLLC shares an integrated electronic medical record with Seattle Children's Hospital. I also understand the general policy of Olympia Pediatrics PLLC and SCH, is not to disclose my child's Protected Health Information (PHI) to others without my consent unless they are directly involved in my child's care, or as permitted or required by law. **(To sign up for access to your child's health information via MyChart, you must have a MyChart account and parent or legal guardian must sign this consent.)**

I understand and agree that:

- I am authorizing access to all health information contained within MyChart, which may include sensitive health information, including but not limited to information about the following:
 - o Sexually transmitted infections/HIV;
 - o Behavioral/mental health;
 - o Developmental disabilities;
 - o Drug/alcohol use and abuse;
 - o Genetic testing and counseling; and
 - o Reproductive care and treatment.
- The information obtained via MyChart is not the complete medical record, and an individual with legal right to obtain information from the patient's medical record will be required to submit a separate Authorization to Release/Obtain/Exchange Patient Health Information if they want Olympia Pediatrics to provide to the proxy identified above additional information from the medical record.
- This Access Agreement will continue until revoked, and I may revoke it at any time by contacting the Medical Records department via one of the methods listed at the bottom of this form.
- Olympia Pediatrics may discontinue a proxy's access to MyChart at any time.
- Olympia Pediatrics will not condition treatment of the patient, payment, or other services on my signing of this Access Agreement form.
- I can contact Medical Records at 360-413-8470 or Records@olypeds.com if I have questions about this form.

I have read and understand the information contained within this Access Agreement form. I understand and agree to its terms. I hereby release Olympia Pediatrics, its employees, trustees, officers and agents from any legal responsibility or liability for disclosure of the information contained in the patient's MyChart account, to the proxy that I have specified.

**The legal representative is the patient's decision maker with current authority. It can be the designated caregiver, healthcare power of attorney, healthcare proxy, or other designated person or third-party entity designated by law. Additional documentation may be requested to verify the relationship and/or representation.*

Signature of Parent or Legal Guardian or Legal Representative

Printed Name of Parent or Legal Guardian

Relationship to Patient

Date Signed

Olympia Pediatrics is contracted with Epic MyChart through Seattle Children's Hospital

Email: records@olypeds.com

Mail: Olympia Pediatrics
 ATTN: Medical Records
 3434 12th Ave NE
 Olympia, WA 98506

