

Label



CONSENT MYCHART SHARE ACCESS REQUEST FORM

Request for Online Access to Medical Records for a Minor Child

You must submit form in person to a clinic at a Golden Valley Health Centers clinic.
Photo ID will be verified upon submission.

I hereby request Golden Valley Health Centers provide access to the health information in MyChart allowable by law, of the 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 record by other means. To request a paper 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.
- Once your child reaches **age 12**, you will no longer have access to your child's MyChart record.

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

Patient Name _____
(Under age 18) Last First MI

Phone _____ **Date of Birth** _____
MM/DD/YYYY

Your Name _____
(Over age 18) Last First MI

Street Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Date of Birth** _____ **Gender** Male Female
MM/DD/YYYY

Email _____

Your Relationship to child (legal documents may be required, e.g., birth certificate, guardianship papers, power of attorney, marriage certificate):

- Parent Guardian Conservator Stepparent

Your Affiliation with GVHC:

- I am a patient with MyChart log-in I am a patient without MyChart log-in I am not a patient

Your Signature _____ **Date** _____

HIMS USE ONLY

Date Request Received: _____ Patient Relationship Verified By: _____

Proxy MRN: _____ Proxy Access Approved: Yes No Letter Sent: Yes No Date Sent: _____