Garnet Health

MyChart Proxy Form

(to access Child's MyChart)

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete this Proxy Form and return it to the address shown below. Please note that your child's chart will be accessed through your MyChart account. Completing this form will establish a MyChart account for you and for your child. Return all forms to:

☐ Garnet Health Medical Center
Health Information Management
707 East Main Street
Middletown, NY 10940
Phone: 845-333-1600
Fax: 845-333-1573
Email: HIM@garnethealth.org

☐ Garnet Health Medical Center-Catskills
Health Information Management
68 Harris Bushville Road
Harris, NY 12742
Phone: 845-333-8600 Opt 1
Fax: 845-333-6987
Email: HIM-Catskill@garnethealth.org

Garnet Health Doctors
Health Information Management
☐ Middletown
T: 845-333-7575; F: 845-333-7139
Email: HIM@garnethealth.org
☐ Catskill
T: 845-333-8600 F: 845-333-6987
Email: HIM-Catskill@garnethealth.org

Parent/Guardian and Child Information: (All sections required – please print clearly)

Parent Name (*last, first, middle initial*) _____

Date of Birth: _____

Street Address: _____ City:_____ State: _____ Zip:_____

Email Address: _____ Phone Number: _____

Child's Name: _____Date of Birth _____

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 Health Information Management Department at Garnet Health Medical Center at 845-333-1600 or Garnet Health Medical Center – Catskills at 845-333-8600.

- 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 automatically have a Limited View which includes: Demographics, Messaging, and Billing.

MyChart Terms and Agreement

I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or my child's health information, and health information about someone who has authorized me as a MyChart proxy.

- I agree that 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.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from the hospital.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Garnet Health as a convenience to its patients and that Garnet Health has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a proxy.
- By signing below, I acknowledge that I have read and understand this MyChart Proxy Form and agree to its terms.

▶ _____ / _____ / _____

Signature of Parent/Guardian **Relationship to Patient** **Date** *(Required)*