Garnet Health

Teen Consent for Proxy access to MyChart

You are granting your parent/guardian access to your MyChart electronic medical record. A person who is granted access to another individual's medical record is called a "Proxy." In order to establish a Proxy's access, both the Proxy and the patient must sign this form.

If you sign this form, you are agreeing that your Parent(s) or Guardian(s) can look at your electronic medical record through MyChart. You will also be given access to your MyChart account.

This form must be completed by the patient, parent/guardian, and physician during the clinical visit:

I understand there is an electronic medical record with information about my medical care and treatment at Garnet Health and from doctors who work with Garnet Health. I am aware that some of my medical information from this record can be looked at through a secure website called MyChart.

- I want to give my parent(s) or guardian(s) permission to use MyChart to look at my medical record, including information about my past, current and future care and treatment at Garnet Health and its affiliated doctors.
- I understand that this permission form may allow my parent(s)/guardian(s) to see all of my health care information that is on MyChart, including information related to PREGNANCY or BIRTH CONTROL, SEXUAL TRANSMITTED DISEASE (STD) TREATMENT (and other REPRODUCTIVE HEALTH CARE), ALCOHOL or DRUG ABUSE TREATMENT, GENETIC TESTING, MENTAL HEALTH CARE and/or HIV or AIDS (HIV is short for Human Immunodeficiency Virus, the virus that causes AIDS). I understand that after my parent/guardian reviews this information, it could be disclosed to others and would no longer be protected by Federal privacy regulations.
- I understand that MyChart allows for confidential messaging. I can choose to send messages to my doctors and select the option that prohibits my parents(s)/guardian(s) from having the ability to view the messages.
- I understand that I do not have to sign this form or use MyChart, and I can still get treatment from Garnet Health and its affiliated doctors.
- I understand that this permission will not expire unless I request to have it revoked through my MyChart account. I understand that Garnet Health and my doctors can revoke my or my Proxy's access to MyChart at any time and for any reason.
- I had a chance to ask questions about this permission form. Any questions I had were answered. If I choose to give my permission now, I can change my mind and cancel this permission form later at any time.
- I understand that MyChart is intended to provide limited access to confidential information. If I share or allow my MyChart ID and password to be disclosed to another person, that person may be able to view my health information, (and information about someone who has authorized me as a MyChart proxy) and transmit it to a another person.
- I understand 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 I may request a paper copy of my medical record from the Health Information Department of Garnet Health Medical Center at 845-333-1600 or Garnet Health Medical Center – Catskills 845-333-8600

Make sure you have read the information provided on page 1 before signing this form

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PATIENT Information: (All sections required — please print clearly)

Name (*last, first, middle initial*): _____Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone #_____

PROXY Information (Parent(s)/Guardian(s) who will be given access to your MyChart):

Name (*last, first, middle initial*): _____Date of Birth:_____
Street Address: _____ City: _____ State: _____ Zip:_____
Email Address: _____Phone #_____

Name (*last, first, middle initial*): _____Date of Birth:_____
Street Address: _____ City: _____ State: _____ Zip:_____
Email Address: _____Phone #_____

I have read, understand and agree with the terms and conditions stated above, as well at the terms and conditions included on the webpage used to access MyChart - https://mychart.garnethealth.org

- _____/_____
  Signature of Patient (required) Date (required)
- _____/_____
  Signature of Proxy (required) Date (required)
- _____/_____
  Signature of Proxy (required) Date (required)

*Please note that this form **should not** be used in the case of an emancipated minor (an emancipated minor should use the Adult Proxy Form).

*To request a paper copy of your child's record, contact the Health Information Department at Garnet Health. Below are the following age range limitations for MyChart.

- If your child is age 0-11, you will be granted full access to your child's MyChart record.
- If your child is age 12-17 you will be granted partial access to your child's MyChart record (e.g., immunizations and allergies) automatically. When a teen proxy consent form is completed and processed by your teen's doctor, you will be granted full access.
- Once your child reaches age 18, you will no longer have access to your child's MyChart record.

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
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