

Adult-Child MyChart Proxy Access

- A proxy is defined as an authorized individual appointed to view another member's MyChart. To activate proxy access, please complete the following steps:
- The proxy completes the *Child's Information* section on the MyChart Child Proxy Access Form (see page 2)
- The proxy completes and signs the *Parent/Guardian Information* section on the MyChart Child Proxy Access Form (see page 2)
- The following age limitations apply to MyChart Child Proxy Access as required by State laws governing access to minor's health information.
 - 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 at this time to your child's MyChart record (allergies, immunizations, growth charts) as allowed by law.
 - Once your child reaches age 18, you will no longer have access to your child's MyChart record.
- Please note the above 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 copy of your child's record, contact Crossing Rivers Health, Health Information Management Department.
- For Legal Guardian Child Proxy Access, legal documentation is **required** prior to granting proxy access including:
 - Legal Guardian (court order)
 - Power of Attorney for Healthcare (activation)
 - Other: _____

Here are just a few of the many features available to MyChart users:

- Access health information online – View a private and personalized health summary and access to your provider's recommended follow-up plan of care
- Check on upcoming appointments – View, cancel or request a visit with your provider
- Manage prescriptions – See current prescriptions details and make refill requests
- Pay bills and view payment history
- Request medical records
- See lab and imaging results – Most results are available within 48 hours
- Track vitals – Use the health trends tools
- Health information library - MyChart links to a library of health information, including health issues, allergies and even medications

MyChart does not display all information from your medical record. Each web page will describe the information available to you. If you need information or services beyond what is available to you on-line or if you need a complete copy of your medical record, please contact Crossing Rivers Health, Health Information Management Department.

Note: Secure messages regarding medical issues will be incorporated in the patient's permanent medical record.

Complete terms and conditions can be found at: <https://mychart.crossingrivers.org/CrossingRivers/>

Please mail or fax all forms to:

Crossing Rivers Health
Health Information Management Department
37868 US Hwy 18
Prairie du Chien WI 53821

Fax: 608-357-2277

Adult-Child MyChart Proxy Access Form

Child's information: (All fields required for proxy access-please print clearly). If you have more than four children for whom you would like proxy access, request another form or print one from <https://mychart.crossingrivers.org/CrossingRivers/>

Child's name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)

Parent/Guardian Information (Proxy):

Name of Proxy: _____

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

DOB: __/__/____ Phone Number: _____ Email: _____

If Legal Guardian (Documentation is required prior to approval of proxy access)

- Legal Guardian (court order)
- Power of Attorney for Healthcare (activation)
- Other: _____

By signing below, I acknowledge that:

- 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 Crossing Rivers Health, Health Information Department by the parent/legal guardian.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by Crossing Rivers Health as a convenience to its patients and that Crossing Rivers 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 MyChart proxy.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.
- If I am requesting access to my minor child(ren)'s information, I certify that I have not been denied physical placement rights for the child(ren).

Proxy Signature: _____ Relationship: _____ Date: _____

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