

Patient Label
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## MyCare: Child Proxy Request Form

I hereby request **El Camino Hospital (ECH)** to provide access to the health information of the minor child listed below via MyCare.

Please note the following age range limitations for MyCare. 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, please contact the HIM Department at 650-988-7462.

- If your child is **age 0 – 11**: You will be granted full access to your child's MyCare record.
- If your child is **age 12 – 17**: You will be granted partial access to your child's MyCare record.
- Once your child reaches **age 18**, you will no longer have access to your child's MyCare account unless the patient signs an adult proxy.

### Patient Information:

Patient Name:		
Address:		
City:	State:	Zip:
Date of Birth:		

### Proxy Information:

Your Name:		
Address:		
City:	State:	Zip:
Phone:	Date of Birth:	
Email address:		
Your relationship to child*:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Conservator <input type="checkbox"/> Stepparent
*Legal documents may be required to validate relationship, e.g., birth certificate, guardianship/conservatorship appointment		



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**MyCare Terms and Conditions:**

I understand that:

- MyCare is intended as a secure online source of confidential medical information. If I share my MyCare 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 MyCare proxy.
- 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.
- MyCare contains selected, limited medical information from a patient's medical record and does not reflect the complete contents of the medical record.
- My activities within MyCare may be tracked by computer audit and that entries that I make may become part of the patient's medical record.
- MyCare is provided by El Camino Hospital as a convenience to its patients. El Camino Hospital has the right to deactivate access to MyCare at any time for any reason.
- MyCare is voluntary and I am not required to use MyCare or to authorize a MyCare proxy.
- The authorization form may be revoked in writing at any time, except to the extent that the information has already been accessed. I must submit my revocation to El Camino Hospital.

**Mail completed form to:**

El Camino Hospital Attention: HIM Dept. (Medical Records) 2500 Grant Road Mountain View, CA 94040	- OR -	Fax to: 650-988-8246
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By signing below, I acknowledge that I have read and understand the requirements for accessing my child's medical record information online.

I certify that I am the birth parent or legal guardian of the child listed above and that all information I have provided is correct.

Signature of Parent / Legal Guardian	Date
Relationship to Patient	

<p><b><u>OFFICE USE ONLY:</u></b></p> <p>Patient relationship verified by: _____</p>	<p>Proxy access approved:  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>Activation Letter Sent :  <input type="checkbox"/> Yes   <input type="checkbox"/> No          Date Sent: _____</p>
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