Child Caregiver/Proxy Form

MyChart | Austin Regional Clinic

- **Fill out this form if the parent or guardian of the child is not an ARC patient and does not have an active ARC MyChart account.** Please see instructions below.
- If the parent or guardian **already has an active ARC MyChart account**, visit ARCmychartproxy.com for guided online instructions.

INSTRUCTIONS:
Follow the three easy steps below and return the completed form to the front desk at your ARC clinic or to an ARC Care Team member during your child's visit. Completing this form will establish an ARC MyChart Child Caregiver (proxy) account for your child.

1. Complete Parent/Guardian Information

PARENT/GUARDIAN INFORMATION: ***ALL FIELDS REQUIRED* Please print clearly.**

Last name: _____ **First name**: _____ **Middle Initial:** _____

Date of birth**:** _____ Sex: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone number: _____

Please provide the following information for each child. If you have more than three children for whom you would like child caregiver access, please request another form or download the MyChart Child Caregiver Form found on the ARC website at **ARCmychartproxy.com.**

2. Complete Child Information

CHILD INFORMATION: ***ALL FIELDS REQUIRED* Please print clearly.**

Name (*last, first, middle initial*): _____ Date of Birth: _____

Primary ARC Clinic: _____ Patient MRN (*acquire at clinic):* _____

Name (*last, first, middle initial*): _____ Date of Birth: _____

Primary ARC Clinic: _____ Patient MRN (*acquire at clinic):* _____

Name (*last, first, middle initial*): _____ Date of Birth: _____

Primary ARC Clinic: _____ Patient MRN (*acquire at clinic):* _____

3. Affirm Your Identity

By signing below, I hereby affirm I am the Parent/Guardian identified above. I understand that I may be subject to penalties under law for submitting false or misleading information in connection with this application to access the MyChart service. I acknowledge that I have read and understand this MyChart Child Caregiver Form and I agree to its terms.

_____ _____ _____
Signature of Parent/Guardian **Relationship to Patient** **Date**

Guardians may need to provide appropriate paperwork before proxy is granted.

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 your child's primary care clinic or download the **Release of Information** form found on the ARC website at: www.austinregionalclinic.com/patient-guide/patient-forms/medical-records-release-of-information-forms.

- 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.
- Partial access shall include the following areas:
  - Immunizations, Lab Results, Appointment Scheduling, Clinical Messaging, Billing Summaries
- Once your child reaches **age 18**, you will no longer have access to your child's MyChart record.

FOR CLINIC USE ONLY: *Please sign and date processed forms prior to forwarding to ARC Central Scanning Department*

Entered By:_____ Clinic Location: _____ Proxy Activation Date: _____