

Adult Requesting Access to a Child / Teen's RWJBarnabas Health MyChart Proxy Account Consent Form

RWJBarnabas Health is pleased to offer you medical information via our patient portal, RWJBarnabas Health MyChart. Please note, the information stored in RWJBarnabas Health MyChart is not the complete electronic medical record.

- We afford the same degree of confidentiality to medical information stored on RWJBarnabas Health MyChart as is given to medical information stored by RWJBarnabas Health in any other medium. RWJBarnabas Health is committed to protecting the confidentiality of your medical information.
As a RWJBarnabas Health MyChart user, your role in maintaining the security of your medical information is:
 1. Changing your password on a regular basis.
 2. Keeping your login ID and password confidential.
- Patients who are users of RWJBarnabas Health MyChart should be aware that they will be notified via e-mail when there is new medical information to be viewed in RWJBarnabas Health MyChart.
- Please understand that the person requesting access to the patient's RWJBarnabas Health MyChart account will have full access to **diagnoses, lab values, appointments, and potential sensitive medical information that is available in RWJBarnabas Health MyChart**. (For example, there could be information pertaining to family planning, pregnancy, alcohol, drug, and sexually transmitted diseases).
- For children under the age of thirteen (13) a parent must request access to their child's account either in-person when registering at one of our facilities, or by filling out a form located in MyChart once logged in. The form (MyChart Proxy Request for Minors 0-12 yrs) can be found in the Sharing section of the menu. If the parent doesn't have a MyChart account, the person assisting them with registration can create an account for the parent and send them an activation code. Access will automatically change to 'Admin Only' on child's 13th birthday.
- For clinical access to **minors** over the age of 13 and under 18, the **minor must** provide office staff with their personal email address and mobile phone number while ***in-person*** at an RWJBH Facility. The office staff will then send an activation code to the teen via text or email. The teen will create their own MyChart account. If they feel comfortable granting proxy access to their caregiver, they can send an invite found in the Sharing section in the MyChart menu. The minor will have the ability to revoke clinical access at any time through RWJBarnabas Health MyChart. If the teen chooses not to create a MyChart account but consents to a caregiver having proxy, this form needs to be completed and returned to an RWJBarnabas Health facility.
- Once the minor reaches age 18, the Proxy will no longer have access to their RWJBarnabas Health MyChart account, unless the minor grants permission by sending an invitation via Share My Record in RWJBarnabas Health MyChart or a Medical Power of Attorney is provided.

- If the proxy's legal relationship with the account holder changes, the account holder must inform the clinic immediately or send written notice to:

RWJBarnabas Health
2 Crescent Place
Oceanport, NJ 07757
Attn: Corporate H.I.M.

RWJBarnabas Health reserves the right to revoke proxy access at any time and for any reason.

- Such access will only be granted to parties with parental rights or legal guardianship over the RWJBarnabas Health MyChart account holder and only to the extent that the party requesting proxy access can demonstrate the legal right to account holder's medical information.

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Proxy Account Consent Form**

Please provide the following information, below. If you are requesting access for more than 1 child, you will need to fill out an additional form per child. The parent must have an active RWJBarnabas Health MyChart account prior to gaining proxy access. You may sign up for an account, regardless of having ever been a patient at RWJBarnabas Health.

Parent/ Legal Guardian information (Person requesting access):

Name: _____ Date of Birth: _____

Phone: _____

Mailing Address: _____

Relationship to minor: _____

Provide information of the child's RWJBarnabas Health MyChart account you are requesting access to:

Name: _____ Date of Birth: _____

PCP: _____ MRN (if available): _____

I have read and understand the RWJBarnabas Health MyChart Terms and Conditions and Consent to the terms detailed above.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Minor (if able): _____ Date: _____

In the event the Minor is unable to understand and make this determination on their own, please provide the signature of their PCP or Referring Provider:

Signature of PCP/Referring provider: _____ Date: _____