

MyChart by Hawai'i Pacific Health Child Proxy Access Request Form

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PLEASE PRINT THE CHILD'S INFORMATION IN THIS BOX (patient label ok)
Child's Name (<i>last, first, middle initial</i>):
Date of Birth:// SSN Last 4 Digits: Medical Record Number (MRN):
understand that Hawaii Pacific Health and its affiliate health care providers (collectively, "HPH") share an integrated electronic medical ecord. I also understand the general policy of HPH is not to disclose my child's protected health information (PHI) to others without my ermission unless they are directly involved in my child's care, or as permitted or required by law To sign up for access to your child's lyChart by Hawai'i Pacific Health record, please complete this Child Proxy Access Request Form and return it to your child's provider of AX to Straub's Medical Reports Department at 808.522.3207. Please note you must have your own MyChart account to access your hild's MyChart record. Completing this form will allow us to create a MyChart record for you if you do not already have one.
or questions or to obtain assistance in completing this form, please call SMC Medical Reports at (808) 522-4285 F. 522-3207
Parent/guardian information for person requesting /or being granted proxy access: (all fields are required – please print clearly) Name (last, first, middle initial)
Date of Birth: Last 4 digits SSN: xxx-xx-
Street address: City: State: Zip:
Email address:
 MyChart by Hawai'i Pacific Health account terms and agreement. I understand that: MyChart by Hawai'i Pacific Health is provided as a secure online source of confidential health information. MyChart record contains select, limited medical information from my child's health record and it is not the complete contents of the health record - a copy of a patient's health record may be requested by contacting the Health Information Management Departmen the patient's primary care provider. If I share my username and password with another person, that person may be able to view my and my child's health information. It is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password believe confidentiality may have been compromised in any way. It is my responsibility to ensure that my email address is current at all times. If my email address is not current I will not receive important MyChart messages from Hawai'i Pacific Health. My activities within my MyChart account may be tracked electronically and entries I make may become part of the health record.
• MyChart proxy access is provided as a convenience to patients. Hawai'i Pacific Health has the right to end access at any time, for reason.
• Use of my Hawai'i Pacific Health MyChart account is voluntary. I am not required to use my account.
 Child proxy access will be limited as described below. These age range limitations do not affect any legal right I may have to acces my child's record by other means. I can request a copy of my child's record by contacting our Health Information Management Department.
 Age 0-13: you will be granted full access to your child's MyChart record.
 Age 14-17: you will be granted partial access to your child's MyChart record (appointment scheduling, immunizations).
Age 18: you will no longer have access to your child's MyChart record.
My Responsibility: I understand it is my responsibility to update this information as needed.
Approval Signature of Parent and/or Legal Guardian:
Print Name: Date:
f signed by someone other than the parent or legal guardian, please describe your legal authority to act on behalf of the atient: