DuPage Medical Group

WE CARE FOR YOU

MyDMGHealth

CHILD PROXY FORM

Please complete the following information for access to a minor's MyChart account at DuPage Medical Group (DMG). Proxy access for minors under 17 years of age will only be granted to parents or legal guardians; each parent/legal guardian must complete a separate form. **Please note**: the minor's information will be accessed through the designated proxy's personal MyChart account and access is automatically terminated on the minor's 18th birthday.

Fax completed forms to 630-324-2933, e-mail to compliance@dupagemd.com, or mail to DuPage Medical Group, ATTN: HIM, 805 Ogden Ave., Lisle, IL 60532.

Parent/Legal Guardian Information (one form per parent/legal guardian)

Name (last, first, middle initial): _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Street Address: _____

City:_____ State:_____ Zip: _____

Age Range Limitations

The information available will depend on the age of the minor, per Illinois state law, as described below.

CHILD AGE	PROXY TYPE	ACCESS TYPE
0-11	Child	full
12-17	Child	**Partial** (appointments & immunizations)
12-17	**Teen**	**Full** (including sensitive information)

Child(ren) Information

Name (last, first, M.I.):_____ Date of Birth: _____

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Name (last, first, M.I.):_____ Date of Birth: _____

MyChart Terms and Agreement

- Access to MyChart and proxy designation is provided by DMG as a convenience and is completely voluntary; DMG does not condition health care treatment or payment on its use.
- If I share my username and password with another person, that person may be able to view my health information, as well as information of those to which I have proxy access.
- 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.
- MyChart contains limited information and does not reflect the complete contents of a medical record. Parents and legal guardians may be allowed to request additional information by completing an Authorization for Release of Information Form.
- Activities within MyChart may be tracked and may become part of the medical record.
- DMG has the right to deactivate my access to MyChart at any time for any reason.
- Edward-Elmhurst Health and DMG jointly provide MyChart to improve my coordination of and access to care.
- Information obtained through MyChart and re-disclosed by a designated proxy may not be covered by HIPAA.
- I may revoke this authorization at any time by providing a written request, which will end my access to the minor's account. Revocations will not affect disclosures made prior to processing the request.
- This form does not authorize release of medical information to a designated proxy by other methods or other forms.

By signing below, I acknowledge that I have read and understand the above statements.

_____/_____/_____

Signature of Parent or Legal Guardian Relationship to Patient Date