



## Child Proxy Form

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### Access to Your Child's My St. Joseph's Record

To sign up for access to your child's My St. Joseph's record, please complete both pages of this Child Proxy Form and return it to a St. Joseph's staff member or to the address shown below. Please note that your child's chart will be accessed through your My St. Joseph's record. Completing this form will establish a My St. Joseph's record for you and for your child.

#### Parent/Guardian Information: (All sections required - please print clearly)

Name (last, first, middle initial) \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Physician or Clinic: \_\_\_\_\_

Please note the following age range limitations for My St. Joseph's. 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 contact St. Joseph's.

- If your child is age 0-13: You will be granted full access to your child's My St. Joseph's record.
- If your child is age 14 -17: You will be granted partial access to your child's My St. Joseph's record (appointment scheduling, immunizations), without his or her authorization.
- If your child is age 14-17: You will be granted full access to your child's My St. Joseph's record with his or her authorization.
- Once your child reaches age 18, you will no longer have access to your child's My St. Joseph's record without his or her authorization.

**Please provide the following information for each child:** (All fields are required. If you have more than four children for whom you would like proxy access, please request another form or print one from [www.sjhsyr.org](http://www.sjhsyr.org) .

A Name (last, first, middle initial): \_\_\_\_\_

B. Last four digits of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Primary Physician or Clinic: \_\_\_\_\_

**My St. Joseph's Terms and Agreement**

- I understand that My St. Joseph's is intended as a secure online source of confidential medical information. If I share my My St. Joseph's ID and password with another person, that person may be able to view my or my child's health information.
- I agree that 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.
- I understand that My St. Joseph's contains selected, limited medical information from my or my child's medical record and that My St. Joseph's does not reflect the complete contents of the medical record. I also understand that a paper copy of the patient's medical record may be requested from St. Joseph's.
- I understand that my activities within My St. Joseph's may be tracked by a computer audit trail and that entries I make may become part of the patient's medical record.
- I understand that access to My St. Joseph's is provided by St. Joseph's as a convenience to its patients and that St. Joseph's has the right to deactivate access to My St. Joseph's at any time for any reason. I understand that use of My St. Joseph's is voluntary and I am not required to use My St. Joseph's or to authorize a My St. Joseph's Proxy.
- By signing below, I acknowledge that I have read and understand this My St. Joseph's Child Proxy Form and I agree to its terms .

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature (if required)