

To sign up for access to your minor's NCH MyChart record, please complete this Minor Proxy Request Form in its entirety. Please note that your minor's chart will be accessed through your own NCH MyChart record. Completing this form will establish an NCH MyChart record for you and for your minor. **Access to minor's online records is only available to the birth parents or individuals with legal guardianship.** This access will terminate once your minor reaches age 18.

**Return forms, in person, to the nearest NCH Medical Group provider office or the Patient Services desk of the main hospital.**

**Parent/Guardian Information (All sections required – please print clearly.)**

**Name of Parent or Legal Guardian**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Parent/Guardian Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Minor: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Age Range Limitations**

Please note that we may restrict access to information contained in your child's medical record as required by applicable law or court order.

- If your child is age 0-11: You will be granted full access to your child's NCH MyChart record.
- If your child is age 12-17: You will be granted partial access to your minor's NCH MyChart record (e.g. immunizations, allergies.) **Note:** Use the Adult Proxy Request forms if the patient is married, the parent of a child or pregnant.
- Once your minor reaches age 18, you will no longer have access to your minor's NCH MyChart record.
- If your teen lacks decisional capacity, legal documentation is required for increased access. Contact Medical Records at 847-618-3200 option 5 for more information.

**Minor Information**

Please provide the following information for your minor(s): (You may list up to four minors on each authorization.)

**Minor Patient #1 (All sections required – please print clearly.)**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender : \_\_\_\_\_ Male \_\_\_\_\_ Female Patient's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the minor's address is the same as that provided for the parent/guardian above, please check here:

If the minor's address and/or phone number is different from that provided for the parent/guardian above, please complete below:

Street Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Minor Patient #2**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender : \_\_\_\_\_ Male \_\_\_\_\_ Female Patient's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the minor's address is the same as that provided for the parent/guardian above, please check here:

If the minor's address and/or phone number is different from that provided for the parent/guardian above, please complete below:

Street Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Northwest Community Hospital**  
**Northwest Community Day Surgery Center II, LLC**  
**NCH Medical Group**  
Arlington Heights, IL 60005



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**MYCHART MINOR PROXY REQUEST**

**Minor Patient #3**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender : \_\_\_\_\_ Male \_\_\_\_\_ Female Patient's Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If the minor's address is the same as that provided for the parent/guardian above, please check here:

If the minor's address and/or phone number is different from that provided for the parent/guardian above, please complete below:

Street Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

**NCH MyChart Terms and Conditions:**

- I understand that NCH MyChart is intended as a secure online source of confidential medical information. If I share my NCH MyChart ID and password with another person, that person may be able to view my or my minor's health information, and health information about someone who has authorized me as an NCH MyChart proxy.
- 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 NCH MyChart contains selected, limited medical information from a patient's medical record and that NCH MyChart does not reflect the complete contents of the medical record. I may request a complete paper copy of my minor's (ages 0 to 11) medical records. Request forms are available at Northwest Community Healthcare's Patient Services Center, at www.nch.org or from my minors provider's office.
- I understand that my activities within NCH MyChart may be tracked by computer audit and that entries I make may become part of my minor's medical record.
- I understand that access to NCH MyChart is provided by Northwest Community Healthcare as a convenience to its patients and that Northwest Community Healthcare has the right to deactivate access to NCH MyChart at any time for any reason. I understand that use of NCH MyChart is voluntary and I am not required to use NCH MyChart or to authorize an NCH MyChart proxy. I also understand that, under certain circumstances (e.g., my minor's emancipation, pregnancy, or marriage), my minor may revoke my NCH MyChart access provided under this agreement.
- I understand that Northwest Community Healthcare will make its best effort to provide a timely response to electronic inquiries. In some cases, the clinic staff that needs to respond to an electronic inquiry or other communication may not be immediately available, so a patient/proxy should allow at least 24 business hours for a response. Accordingly, emergency situations requiring immediate attention should not be submitted electronically and the patient/guardian should contact 911 immediately. Furthermore, with respect to any electronic communications sent by the patient/proxy, Northwest Community Healthcare is only able to respond to such communications based on the information provided by the patient/proxy. If there is insufficient information provided, Northwest Community Healthcare will be unable to provide accurate and reliable services.
- I understand that additional terms and conditions applicable to my use of NCH MyChart are set forth on the NCH MyChart portal, and I agree that my use of NCH MyChart constitutes acceptance of these terms and conditions.
- By signing below, I acknowledge that I have read and understand this NCH MyChart Minor Proxy Request Form and I agree to its terms. I also certify that I am the parent or legal guardian of the minor listed on this form and that all information I have provided is correct.

\_\_\_\_\_  
**Signature of Parent/Guardian (Required)**

\_\_\_\_\_  
**Relationship to Patient (Required)**

\_\_\_\_\_  
**Date (Required)**

				<i>For NCH Use Only (Please Print):</i>	
Confirmed ID/Documentation (circle one):	Yes	No	Name: _____	Date: _____	
Scanned into Patient's Record (circle one):	Yes	No	Name: _____	Date: _____	
Proxy Access Status (circle one):	Approved	Denied	Name: _____	Date: _____	

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