

The Bryan Health MyChart patient portal ("MyChart") is a secure internet-based service offering patients access to portions of their health records. MyChart allows patients to access and manage information about their healthcare.

You are requesting proxy access to another individual's MyChart account because you are the parent or legal guardian of a minor patient and have authority to make healthcare decisions on the minor patient's behalf. If you are requesting proxy access for a patient who is 0-12 years old, the information available to you may become limited automatically upon the patient's 13th birthday, as applicable under Nebraska law and based on a minor's authority to consent to certain healthcare services. If you are requesting proxy access for a patient who is 13-18 years old, your access will automatically terminate upon the patient's 19th birthday.

### **Patient Information**

**I am requesting proxy access to MyChart for the minor patient named below:**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Proxy Information**

**I have legal authority to access the patient's MyChart account as a proxy as the:**

- parent of the minor child  
 legal guardian of the minor child (*attach documentation*)

Proxy Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Proxy Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Proxy Email: \_\_\_\_\_

Proxy Phone #: \_\_\_\_\_

I certify and acknowledge that:

1. I am the parent/legal guardian of the above-named minor patient and have authority to make healthcare decisions on the minor patient's behalf.
2. If my relationship changes such that I no longer have a legal right to make healthcare decisions on behalf of the minor patient, I will immediately inform Bryan Health by sending a message through MyChart or an e-mail to [mychart@bryanhealth.org](mailto:mychart@bryanhealth.org) and immediately cease all proxy access to the patient's health information.
3. I understand that the information available as proxy will become limited upon the patient's 13th birthday and automatically terminate upon the patient's 19th birthday.

A photocopy or reproduction of this signed authorization shall have the same force and effect as the original.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**Bryan Health | MyChart**

**MyCHART PROXY ACCESS REQUEST**  
(As a Parent/Legal Guardian of a Minor Patient)



Place Patient Label Here