

SMH MyCare Child Under 12 Proxy Form

Access To Your Child's St. Margaret's Health MyCare Account

To sign up for access to your child's SMH MyCare Account, please complete both pages of this Child Proxy Form and return it to St. Margaret's Health. Please note that your child's account will be accessed through your SMH MyCare account. Completing this form will establish an SMH MyCare proxy account for you and for your child.

Completed Forms can be returned to your provider's office or the SMH Medical Record Department.

Parent/Legal Guardian Information: (All sections are required- Please Print Clearly.)

Name (last, first, middle initial) _____

Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Please note the following age range limitations for SMH MyCare. 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 of your child's record, please contact the appropriate physician's office.

- If your child is **age 0-11**: You will be granted full access to your child's SMH MyCare account.
- Due to federal and state laws, when a child reaches the age of 12, access to their SMH MyCare account will become limited for all users. To regain full access, the **SMH MyCare Child 12-17 Proxy Authorization Form** must be completed at your child's SMH Physician office in person.

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 from your office).

A. Name (last, first, middle initial): _____

Date of birth: _____

Primary Care Doctor's Name: _____

B. Name (last, first, middle initial): _____

Date of birth: _____

Primary Care Doctor's Name: _____

C. Name (last, first, middle initial): _____

Date of birth: _____

Primary Care Doctor's Name: _____

D. Name (last, first, middle initial): _____

Date of birth: _____

Primary Care Doctor's Name: _____

- Please remember to complete page 2 of this form.



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SMH MyCare Terms and Agreement

- I understand that SMH MyCare is intended as a secure online source of confidential medical information. If I share my SMH MyCare ID and password with another person, that person may be able to view my health information or my child's health information, and health information about someone who has authorized me as an SMH MyCare 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 SMH MyCare contains selected, limited medical information from a patient's medical record and that SMH MyCare 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 the applicable provider.
- I understand that my activities within SMH MyCare may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to SMH MyCare is provided by St. Margaret's Health as a convenience to its patients and that SMH MyCare and/or my physician has the right to deactivate access to SMH MyCare at any time for any reason. I understand that use of SMH MyCare is voluntary and I am not required to use SMH MyCare or to authorize a SMH MyCare Proxy.
- By signing below, I acknowledge that I have read and understand this SMH MyCare Sign-Up Form and I agree to its terms. I further agree to any and all current and future terms and conditions noted on the SMH MyCare site.



Signature of Parent/Legal Guardian Relationship to Patient Date (required)