

MyChart Authorization for Minor Proxy Full Access (Form only used for minors age 12 – 17)



Patient Information

Patient Name	DOB	
Street Address	Phone	
City	State	Zip Code

Personal/Legal Representative Information (Proxy)

In order to view the Patient information in Salem Health MyChart, the Proxy must also obtain their own MyChart Account.

Name	DOB	
Street Address	Phone	
City	State	Zip Code
Relation to Patient		
Email Address		

Welcome to Salem Health MyChart

Salem Health is pleased to offer you and/or your parent/legal guardian access to your protected health information using MyChart. If you use MyChart, you may authorize individuals to view your health information in MyChart. Logging into Salem Health MyChart for someone else means that you are acting as that person's proxy. To request Salem Health MyChart Proxy access for a minor age 12-17, please complete this form.

Salem Health MyChart Proxy Access for a Minor

A minor is an unmarried, not emancipated, person under the age of 18. Only individuals with parental rights or legal guardianship over minors shall be provided proxy access to that minor's MyChart account. If you are not a birth or adoptive parent, you must provide documentation that establishes that you are the legal guardian for this patient.

Minor Patient age 12-17 Terms and Conditions for Granting Proxy Access

I hereby understand that with my signature, I am granting my parent/legal guardian full access to my medical information through Salem Health MyChart. Unless revoked by me in writing, proxy access will automatically expire when I turn 18 years old. I understand that I may submit a written request to remove a Proxy at any time. I understand that if full proxy access is revoked, my parent or legal guardian may still have limited proxy access.

Signature of patient (Minor, age 12 – 17)

Date

Parent/Legal Guardian Terms and Agreement for Receiving Proxy Access

I certify that I am the parent or legal guardian of this child. Should my legal authority to make health care decisions for this child change in the future, I will contact Salem Health immediately. I am aware that my proxy access may change to limited, if requested by this child. I am aware that my proxy access to this child's personal health information will be revoked at age 18. I understand I will be required to log into Salem Health MyChart with my own MyChart ID and Password. It will be 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. If I share my MyChart ID and password with another person, that person may be able to view my or this child's health information, as well as information about any individual who has authorized me as a MyChart proxy. If I do not have a MyChart account with Salem Health, I will be provided with information to create my own account. I have read and understand the requirements and procedures for accessing protected health information through Salem Health MyChart. I agree to comply with Salem Health MyChart Terms and Conditions of Use.

Parent/Legal Guardian Name

Signature

Please submit completed form and any legal papers to Health Information Management

Email HIMHospitalRecordsTeam@salemhealth.org
Scan or take a picture of form and legal paperwork

Mail
Salem Health Hospitals & Clinics
ATTN: HIM Department
890 Oak Street SE
Salem, OR 97302

Fax
503-814-2728