

Parent/Legal Guardian Proxy  
Authorization for MyChart Dependent  
Account-Minor Child  
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Place Patient Label  
Inside This Box

A parent/legal guardian may be granted access to protected health information maintained in a minor's FirstHealth of the Carolinas online Patient Portal record (hereafter referred to as MyChart) under the following circumstances:

- Minor is less than 18 years old.
- Minor has not sought care for conditions protected under N.C. Gen. Stat. (N.C. Gen. Stat. § 90-21.5), or requested restrictions on access to information for which they have the legal right to control access to including care for sexually transmitted diseases or other reportable communicable diseases, pregnancy, abuse of controlled substances or alcohol, or emotional disturbances.
- Minor is not married or legally emancipated.
- Minor is not a member of the Armed Forces of the United States.

**MINOR CHILD'S NAME** (Printed Full Name): \_\_\_\_\_

**Date of Birth** (MM-DD-YYYY): \_\_\_\_\_ **Sex**: \_\_\_\_\_ **SSN**: xxx-xx-

**\*\* Separate Forms are Required for Each Person Requesting Proxy Access \*\***

**PARENT/LEGAL GUARDIAN** (Printed Full Name): \_\_\_\_\_

**Date of Birth** (MM-DD-YYYY): \_\_\_\_\_

**Relationship** (Check One):  Father  Mother  Legal Guardian (*include copy of legal guardianship document*)

**Address**: \_\_\_\_\_ **City**: \_\_\_\_\_ **State**: \_\_\_\_\_ **Zip Code**: \_\_\_\_\_

**Email**: \_\_\_\_\_ **Phone**: \_\_\_\_\_

**Parent/Legal Guardian's Acknowledgement- MyChart Dependent Account (Minor's Record):**

By signing below, I hereby certify and acknowledge each of the following (please read and check each box):

- I am the custodial parent or court appointed legal guardian of the minor child identified above and I am legally authorized to access their protected health information.
- There is no court order or other legal documents restricting my access to this minor's medical or other protected information.
- I understand that without my child's consent, I am not entitled to access protected records related to the prevention, diagnosis and treatment of: (1) venereal or other communicable diseases; (2) pregnancy; (3) abuse of controlled substances or alcohol; or (4) emotional disturbance.
- I also agree to immediately notify the FirstHealth of the Carolinas Privacy Office should my legal right to access my child's records change as follows: (1) my minor child seeks treatment for any of the protected conditions noted above and does not consent to my access (2) my minor child turns 18 years of age; (3) my minor child marries; (4) my minor child becomes legally emancipated; (5) my minor child becomes a member of the Armed Forces of the United States; (6) my parental rights are terminated or my legal guardianship of my minor child is terminated, revoked or expired; or (7) I wish to revoke my access.
- I have read and will comply with FirstHealth MyChart Terms and Conditions as posted online.

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*

**Original: Patient Chart**

**RETURN THIS FORM VIA E-MAIL (mychartsupport@firsthealth.org), FAX (910-235-7808), or mail to FirstHealth of the Carolinas Privacy Office PO Box 3000, Pinehurst, NC 28374**