ProHealth Care
MyChart

MyChart Young Adults (14-17) Teen Connection Request Sign-up Form

ProHealth Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-262-928-4465 (VRS: 1-866-327-8877).
ATENCIÓN: Si habla español, enemos a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-262-928-4465 (VRS: 1-866-327-8877).
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-262-928-4465 (VRS: 1-866-327-8877).

Patient Information (all fields are required)	
Patient Name:	**Date Of Birth:**
SSN:	**Email Address:**
Address:	**Phone Number:**
City, State, Zip:	
Parent/Guardian Information (all fields are required)	
Parent/Guardian Name:	**Date Of Birth:**
Address:	**Email Address:**
City, State, Zip:	**Phone Number:**
Relationship to Patient:	

Electronic Protected Health Information in ProHealth Care's MyChart

Secured Messaging	Appointments	Test Results	Medications
Allergies	Immunizations	Preventive Care	Medical History
Hospital Admissions	Track My Health	Billing & Insurance	My Account Letters
Diagnosis	Current Health Issues	After Visit Summary	Upcoming Tests and Procedures
Plan of Care	Provider Notes		

Authorization to Release Protected Health Information

My signature below represents that I authorize ProHealth Care to create a MyChart account for my minor child and that I authorize the release of medical information via MyChart to my minor child, the patient named above. I understand that ProHealth Care includes all ProHealth Care hospitals, clinics, participants in the ProHealth Solutions accountable care organization, and health care providers who use ProHealth Care's electronic medical record system. I understand that this authorizes my child to access the health information listed above. I understand that MyChart may contain sensitive health information and that it may be appropriate for me to discuss these topics with my child prior to authorizing this access. I acknowledge that my child may be entitled by state law to privacy in relation to his or her care for mental health problems, substance abuse, sexually transmitted diseases or pregnancy testing.

Parent/Guardian Printed Name Parent/Guardian Signature Date

507 Authorization PROXY

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As the Authorizing Child, I acknowledge the following terms and conditions to granting access to MyChart

I understand that MyChart is intended as a secure online source of my personal health information. If I share my MyChart ID and password with another person, that person may be able to view health information about me, or my child's health information and health information about someone who has authorized me as a MyChart proxy.

- **I understand** 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 MyChart contains limited medical information from my medical record and that MyChart does not include the complete contents of the medical record. I understand that I can request a paper copy of a patient's medical record and that I may be charged a fee for such copies.
- **I understand** my activities within MyChart may be tracked by computer audit and entries I make may become part of the medical record.
- **I understand** that access to MyChart is provided as a convenience to patients, and that ProHealth Care has the right to revoke access to MyChart at any time for any reason.
- **I understand** that use of MyChart is voluntary and that I am not required to use MyChart to authorize another person (proxy) to access MyChart account.
- **I understand** that it is my responsibility to ensure that my e-mail address is current at all times, and that if my e-mail is not current I will not receive important messages from MyChart.

By signing below, I acknowledge that I have read and understand this MyChart Sign-up Form, and I agree to its terms.

Signature of Patient: _____ Date: _____

507 Authorization

PROXY