



Proxy Identification Verification for
Access to
Saint Francis Health Systems MyChart

Parent/Guardian Information (All Sections Required - Please Print Clearly)

This information should be completed by the individual requesting access to a minor child's MyChart record.

First Name Last Name Middle

Date of Birth Social Security Number Email Address

Name of Designated Proxy First MI Last

Phone Number

Mailing Address Street Address/P.O. Box City State Zip Code

Child's Information, Please Print

First Name Last Name Middle

Date of Birth Social Security Number

Mailing Address Street Address/P.O. Box City State Zip Code

Please Note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child's record by other means, such as request a paper copy of your child's record.

*Once my child reaches 13 years of age, I will have limited access to my child's MyChart record (e-visits, video visits, refills, allergies, immunizations, messages, and billing)

*Once my child reaches 18 years of age, I will no longer have access to my child's MyChart record unless my child consents to access.

*If my child has the right under Oklahoma law to consent to his/her treatment before 18 years of age, I may not be granted access to my child's MyChart record unless my child consents to my access.

*I understand that MyChart is intended as a secure online source of confidential Medical Information. If I share my MyChart ID and password with another person that person may be able to view my or my child's health information and health information about someone for whom I have proxy access.

*I agree 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 selected, limited medical information from my child's medical records and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of my child's medical record may be requested from the Health Information department at Saint Francis Health System.

*I understand that my activities within MyChart may be tracked by computer audit and that entries made may become part of the medical record.

*I understand that access to MyChart is provided by Saint Francis Health System as a convenience to its patients and that Saint Francis Health System has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary, and I am not required to use MyChart or to authorize a MyChart proxy.

*If my legal relationship with the proxy patient changes, I am responsible for notifying the Health Information Management department at Saint Francis, 6161 S. Yale, Tulsa, Ok 74136.

Proxy Identification Verification Instructions

You must provide the information requested above and sign the Acknowledgement. Your signature *must* be verified by a notary public. Be prepared to present one of the following current identification documents: (1) your driver's license or government-issued ID card with your photograph; (2) your valid passport.

Proxy Acknowledgement

I hereby acknowledge that the above information, including my name, e-mail address, date of birth, Social Security Number, and mailing address is true and correct.

Signature: _____ Date: _____

Print Name: _____

Proxy Identification Verification

Identification Document: Driver's License/Government Issued ID Passport Picture ID & Social Security Card

Identification Document Number: _____ Expiration Date: _____

Notary Signature

State of: _____, County/City of _____

I certify, based on personal knowledge or based on satisfactory evidence, which was:

Document name/type _____ Number _____ Expiration Date: _____

_____, that (person's name) _____ is

the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Notary Public Signature (seal or stamp) _____ Date _____

Title _____ Date my appointment expires _____