

Child Caregiver Form

To sign up for access to your child's MyChart account, please complete this Child Caregiver Form and return it to the front desk staff of your ARC clinic or to one of your ARC Care Team members during your visit. Please note that your child's chart will be accessed through your MyChart account. Completing this form will establish a MyChart account for you and a child caregiver account for your child (non-ARC parent/guardian will only see the child caregiver account). Follow the 3 easy steps below

#1 Complete Parent/Guardian Information

PARENT/GUARDIAN INFORMATION: *ALL FIELDS REQUIRED*** Please print clearly.**

Name (*last, first, middle initial*): _____ Date of Birth: _____

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

Email Address: _____ Phone Number: _____

Parent/Guardian MRN (*acquire at clinic*): _____

ARC Patient (*please mark one*): Yes No Active MyChart Account (*please mark one*): Yes No Sex: M F

Please provide the following information for each child. If you have more than three children for whom you would like child caregiver access, please request another form or download the MyChart Child Caregiver Form found on the ARC website at: <https://www.austinregionalclinic.com/templates/ARC/Assets/mychart-child-proxy-caregiver-form.pdf>

#2 Complete Child Information

CHILD INFORMATION: *ALL FIELDS REQUIRED*** Please print clearly.**

Name (*last, first, middle initial*): _____ Date of Birth: _____

Primary ARC Clinic: _____ Patient MRN (*acquire at clinic*): _____

Name (*last, first, middle initial*): _____ Date of Birth: _____

Primary ARC Clinic: _____ Patient MRN (*acquire at clinic*): _____

Name (*last, first, middle initial*): _____ Date of Birth: _____

Primary ARC Clinic: _____ Patient MRN (*acquire at clinic*): _____

#3 Affirm Your Identity

By signing below, I hereby affirm I am the Parent/Guardian identified above. I understand that I may be subject to penalties under law for submitting false or misleading information in connection with this application to access the MyChart service. I acknowledge that I have read and understand this MyChart Child Caregiver Form and I agree to its terms.

Signature of Parent/Guardian

Relationship to Patient

Date

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. To request a paper copy of your child's record, contact your child's primary care clinic or download the Release of Information form found on the ARC website at: www.austinregionalclinic.com/patient-guide/patient-forms/release-of-information-form.

- If your child is **age 0-11**: You will be granted full access to your child's MyChart record.
- If your child is **age 12-17**: You will be granted partial access to your child's MyChart record.
- Partial access shall include the following areas:
 - Immunizations, Lab Results, Appointment Scheduling, Clinical Messaging, Billing Summaries
- Once your child reaches **age 18**, you will no longer have access to your child's MyChart record.

FOR CLINIC USE ONLY: Please sign and date processed forms prior to forwarding to ARC Central Scanning Department

Entered By: _____ Clinic Location: _____ Proxy Activation Date: _____