Cheyenne Regional

MyChart Proxy
Adult to Child Request

Health Information Management
Cheyenne Regional Medical Center
2600 E 18th Street Cheyenne, WY 82001;
Fax (307) 432-3108. Phone (307) 633-7925
Email: CheyenneRegionalHIM@crmcwy.org

Proxy Information:

Name of Proxy_____

(print last, first, middle initial)

Street Address: _____City:_____State:___Zip:_____

DOB: _____/_____/_____ Phone Number: _____

You are Requesting Proxy Access:

Please note that for all types of proxy access, the patient's chart must be accessed through your *MyChart* account. If you do not currently have a *MyChart* account, please provide the last 4 digits of your social security number: _____ and a *MyChart* account will be created for you as part of this proxy request. You will have access to your account as well as proxy access as requested below.

Adult-Child (Access to your minor child's *MyChart* record)

Please note the following age range limitations for *MyChart*.

If your child is age 0-18: You will be granted full access to your child's *MyChart* record.
Once your child reaches age 18, you will no longer have access to your child's *MyChart* record.

Child's Information: *(All fields required for child/children) proxy access – please print clearly.)*

Complete this section with information about your minor child whose *MyChart* record you are requesting to access.

Name (last, first, middle initial)	Date of Birth (mm/dd/yyyy)	Primary Care Clinic

(If you have more than 3 children for whom you would like proxy access, please request another form or print one from https://mychart.crmcwy.org).

MyChart Terms and Agreement

- I understand *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 who has authorized me as a *MyChart* proxy.
- I agree that 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 confidentiality may have been compromised in any way.
- I understand it is my responsibility to ensure that my e-mail address is current at all times, and if my e-mail address is not current, I will not receive important messages from *MyChart.*
- I understand that *MyChart* contains selected, limited medical information from a patient's medical record and *MyChart* does not reflect the complete contents of the medical record. I also understand the patient or proxy may request a paper copy, a disc copy or an upload to MyChart of his/her medical record from the Health Information Department.
- I understand my activities within *MyChart* may be tracked electronically and entries I make may become part of the medical record.
- I understand access to *MyChart* is provided as a convenience to patients and access to *MyChart* may be deactivated at any time, for any reason.
- Verification of parental guardianship may be required.

For MyChart Sign-up and all Types of Proxy Access:

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

_____/_____/_____

Your Signature *Relationship to Patient* *Date (Required)*

If Legal Guardian/Power of Attorney is being used, a copy of the documentation must accompany this request.