KONA COMMUNITY HOSPITAL
KOHALA HOSPITAL
KONA HEALTH: A DEPT. OF KCH

Child/Teen Proxy Form

Access to Your Child's/Teen's MyChart Record

To sign up for access to your child's MyChart record, please complete both pages of this Proxy Form and return it to the address shown below. Please note that proxy access requires having your own active MyChart account. If you do not have a MyChart account then you must create one.

Please select location where care was provided:

☐ Kona Community Hospital ☐ Kona Health (formerly Alii Health Center) ☐ Kohala Hospital

Return forms to:

West Hawaii Region
Medical Records
Attn: MyChart Proxy
79-1019 Haukapila Street
Kealakekua, HI 96750
Fax – 808-481-4574
Email: releaseofinfokch@hhsc.org

***** Please include a copy of a valid ID for both the parent/guardian and the child (if the child has one e.g. school ID, or birth certificate).***

Parent/Guardian Information: *(All sections must be completed – incomplete forms will be returned and not processed.)*

Name (last, first, middle initial): _____

Last 4 digits SSN: _____ *Date of Birth:* _____

Street Address: _____

City: _____ *State:* _____ *Zip:* _____

Email Address: _____ *Phone Number:* _____

Primary Clinic/Provider: _____

Proxy access is only until child's 18th birthday. Please note this age-range limit does not affect any legal right you have to access your child's record by other means.

Please provide the following information for your child/teen: (If you have more than one child for whom you would like proxy access, please request another form or print one from:)

Kona Community Hospital -: https://kch.hhsc.org/mychart/

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

Social Security #: _____ *Primary Care Clinic/PCP:* _____

Please remember to complete page 2 of this form.

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MyChart Agreement

As a parent/guardian proxy, I understand that:

- MyChart is intended as a secure online source of confidential medical information.
- MyChart is not to be used in an emergency.
- The use of MyChart is voluntary and I am not required to use MyChart.
- 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. 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, as well as information about any individual who has authorized me as a MyChart proxy.
- I will not share my MyChart ID and password between parent and teen as each account is purposefully designed to have different access to information to satisfy federal and state laws regarding privacy and consent for teen's ages 14-17 years old.
- If I am authorized for proxy access to another person's record, I must log into my own MyChart account and click on "View Other Records" to access his/her record online.
- MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record.
- My activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- Access to MyChart is provided by West Hawaii Region (WHR) using Epic as a convenience to its patients and that WHR has the right to deactivate access to MyChart at any time for any reason.

• By signing below, I agree to abide by the terms and conditions on the MyChart powered by EPIC. Terms and Conditions are also viewable within My Chart.

Signature/Date (Required) *Relationship to Patient:* *Date Signed:*