



Proxy Request and Authorization Form
for Access to MyChart™ Minor Patient Portal

Parents and legal guardians of minor patients can complete this form to request "proxy access" to the child's health information in University Health's MyChart™ Patient Portal.

All Sections Required-PLEASE PRINT

Section I. Patient (Child's) Information:
Name: Last First MI DOB: MM / DD / YYYY
Home Address: Street Address City State Zip Code

Section II. Requestor (Parent/Legal Guardian) Information:
Name: Last First MI DOB: MM / DD / YYYY
Home Address: Street Address City State Zip Code
Phone #: Cell Home Work
Requestor's Email Address:
Relationship to Patient: Parent Legal Guardian

By signing this Proxy Request and Authorization Form, I acknowledge and agree that:
List of 7 terms and conditions
X
Parent or Legal Guardian Signature Relationship to Patient Date

If you have any questions or need help completing this form, please contact the office below:
Medical Records Department
701 S. Zarzamora
SanAntonio, TX 78207
Phone: (210)358-1777 FAX:(210)702-4088

Office Use Only:
Patient (Child's) MRN Approved; Manual Invite Sent On: Security Code:
Rejected: Reason:

