

Teen Full Access Proxy Authorization Form (13-17 years)

Patient Information	
Patient Name:	DOB:
Phone:	Email:
Street Address:	
City, State, Zip:	

Proxy Information	
Proxy Name:	DOB:
LEGAL SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> X	
Phone:	Email:
Street Address: <input type="checkbox"/> Same as Minor If different:	
Relationship to Patient: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	
Access Granted: <input type="checkbox"/> Full: Proxy will have the same access as patient. <input type="checkbox"/> Full Access for Legal Guardian: Proxy will have the same access as patient. Please provide supporting legal documentation.	

The UConn Health MyChart Terms and Conditions are available at:

<https://mychart.uconn.edu/mychart/Authentication/Login?mode=stdfile&option=termsandconditions>

- The person named above as Proxy will have full access to the patient's MyChart account.
 - Full access allows the Proxy to view certain information that receives additional protection under federal or state law, including information related to HIV testing and treatment, testing and treatment for sexually transmitted disease, treatment for alcohol and drug abuse, outpatient mental health treatment, and abortion services.
- The person named above as Proxy will have the granted access to the patient's MyChart account until it automatically terminates at the patient age of 18.

By signing and submitting this form, I acknowledge that I have read and understand UConn Health's MyChart Terms and Conditions and designate the person named above as my Proxy, thereby allowing the identified person to view my protected health information via MyChart.

Patient Signature: _____ Date: _____

For proxy activation, email completed form and supporting legal documentation, e.g., birth certificate, adoption or other court records, birth records, to MyChartProxyHIM@uchc.edu.

