



CHILD PROXY FORM

Please complete the following information for access to a minor’s MyChart account at Duly Health and Care (Duly). Proxy access for minors under 17 years of age will only be granted to parents or legal guardians; each parent/legal guardian must complete a separate form. **Please note:** the minor’s information will be accessed through the designated proxy’s personal MyChart account and access is automatically terminated on the minor’s 18th birthday.

Fax completed forms to 630-324-2933, e-mail to mydmghealth@dulyhealthandcare.com or mail to Duly Health and Care, ATTN: HIM, 1100 W. 31st St., Downers Grove, IL 60515

Parent/Legal Guardian Information (one form per parent/legal guardian)

Name (last, first, middle initial): _____
Date of Birth: _____ Phone Number: _____
Email Address: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Age Range Limitations

The information available will depend on the age of the minor, per Illinois state law, as described below.

CHILD AGE	PROXY TYPE	ACCESS TYPE
0-11	Child	full
12-17	Child	Partial (appointments & immunizations)
12-17	Teen	Full (including sensitive information)

Child(ren) Information

Name (last, first, M.I.): _____ Date of Birth: _____
Name (last, first, M.I.): _____ Date of Birth: _____
Name (last, first, M.I.): _____ Date of Birth: _____
Name (last, first, M.I.): _____ Date of Birth: _____

MyChart Terms and Agreement

- Access to MyChart and proxy designation is provided by Duly as a convenience and is completely voluntary; Duly does not condition health care treatment or payment on its use.
- If I share my username and password with another person, that person may be able to view my health information, as well as information of those to which I have proxy access.
- 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.
- MyChart contains limited information and does not reflect the complete contents of a medical record. Parents and legal guardians may be allowed to request additional information by completing an [Authorization for Release of Information Form](#).
- Activities within MyChart may be tracked and may become part of the medical record.
- Duly has the right to deactivate my access to MyChart at any time for any reason.
- Information obtained through MyChart and re-disclosed by a designated proxy may not be covered by HIPAA.
- I may revoke this authorization at any time by providing a written request, which will end my access to the minor’s account. Revocations will not affect disclosures made prior to processing the request.
- This form does not authorize release of medical information to a designated proxy by other methods or other forms.

By signing below, I acknowledge that I have read and understand the above statements.

_____/_____/_____
Signature of Parent or Legal Guardian Relationship to Patient Date