



Granting Proxy Access to Parent/Guardian on behalf of a

CHILD (0-11 years)

CHILD'S NAME	CHILD'S BIRTHDATE
CHILD'S MEDICAL RECORD #:(op	otional) Last 4 of Social Security:(optional)
Important Reminder: UCSF MyChart displays certain information in your medical records.	n information from your medical records, but it does not display all health
	form is used for minors under the age of 12, in which, Attorney for Health aship papers may be requested. A renewal of this authorization may be automatically occurs on the patient's 12th birthday.
	ditions for UCSF MyChart, and the UCSF MyChart Proxy/Disclaimer for control this agreement between the child's parent/legal guardian and UCSF you signup online.
UCSF MyChart account. For revocation, please contact	untary. You may revoke proxy access at any time to your family member's t your family member's practice. The Revocation will take effect within 2 to the extent UCSF Medical Center or others have already relied on it.
	norization for UCSF MyChart proxy access will expire automatically when the
Print Name of Child's Parent/Legal Guardian:	_
Relationship to Child: (parent/legal guardian):	Parent Legal Guardian
Address:	Child's <u>parent/legal guardian</u> birthdate://
	Contact Phone Number: ()
Email Address:	
Check if the parent/guardian is a UCSF patie MRN #: (optional)	Last 4 of Social Security: (optional)
Check if the parent/guardian is NOT a Full Social Security #:	
Primary Language:	
Employer:	
I attest that the above information is true and correc	ct.
Signature of Child's Parent/Legal Guardian:	
	_ Date:Practice
Representative who witnessed this proxy:	
	Date:
A copy is as valid as the original	© 2002 - 2011 The Regents of The University of California

ADMINISTRATION ONLY: ____ Scanned to Child's Record (Document Type UCSF Clinical Outpatient Documentation — 200122) - 11_07_2012