



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 bullet points regarding consent and legal authority.
Signature lines for Parent or Legal Guardian Signature, Relationship to Patient, and Date.

If you have any questions or need help completing this form, please contact the office below: Medical Records Department, 701 S. Zarzamora, San Antonio, 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:

