



My Sanford Chart

Child Proxy Form

Access to Your Child's My Sanford Chart Account

To sign up for access to your child's My Sanford Chart account, please complete both pages of this Child Proxy Form and bring it with you to your next clinic visit or mail it to the address shown below. Please note that your child's information will be accessed through your My Sanford Chart account. Completing this form will establish a My Sanford Chart account for you and for your child.

Parent/Guardian Information: (All sections required – please print clearly)

Name (*last, first, middle initial*) _____

Last 4 Digits of Social Security Number: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Primary Physician: _____

Please note the following age range limitations for My Sanford Chart. These age range limitations do not affect any legal right you have to access your child's record by other means.

- If your child was **born after April 7, 2003**: You will be granted full access to your child's My Sanford Chart account.
- If your child was **born on/or before April 7, 2003**: Your teenager will need to complete the My Sanford Chart Adult/Teen Proxy form before full access will be granted.

Please provide the following information for each child: (All fields are required. If you have more than four children for whom you would like proxy access, please request another form).

- A. Name (*last, first, middle initial*): _____
- Last 4 Digits of Social Security Number: _____ Date of Birth: _____
- Primary Physician: _____
- B. Name (*last, first, middle initial*): _____
- Last 4 Digits of Social Security Number: _____ Date of Birth: _____
- Primary Physician: _____
- C. Name (*last, first, middle initial*): _____
- Last 4 Digits of Social Security Number: _____ Date of Birth: _____
- Primary Physician: _____
- D. Name (*last, first, middle initial*): _____
- Last 4 Digits of Social Security Number: _____ Date of Birth: _____
- Primary Physician: _____

▶ **Please remember to complete page 2 of this form.**

My Sanford Chart Terms and Agreement

- I acknowledge and agree that while My Sanford Chart contains a “Message Center” for patients age 18 and older, such messaging shall not be used for medical emergencies. Rather, I will call 911 in the event of a medical emergency.
- I understand that My Sanford Chart is intended as a secure online source of confidential medical information. If I share my My Sanford Chart ID and password with another person, that person may be able to view my health information or my child’s health information, and health information about someone who has authorized me as a My Sanford Chart proxy.
- I agree that 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.
- I understand that My Sanford Chart contains selected, limited medical information from a patient’s medical record and that My Sanford Chart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient’s medical record may be requested.
- I understand that my activities within My Sanford Chart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to My Sanford Chart is provided by Sanford as a convenience to its patients and that Sanford has the right to deactivate access to My Sanford Chart at any time for any reason. I understand that use of My Sanford Chart is voluntary and I am not required to use My Sanford Chart or to authorize a My Sanford Chart proxy.
- I understand once my child reaches age 18, I will no longer have access to my child’s My Sanford Chart account. My access may also be deactivated when confidential care has been provided, when my parental rights have been restricted, or when required by law.
- By signing below, I acknowledge that I have read and understand this My Sanford Chart Sign-Up Form and I agree to its terms.



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Signature of Parent/Guardian

Relationship to Patient

Date