

Request for Child Proxy Access to MySwedes Chart

In accordance with Illinois law, MySwedes Chart permits proxy access for **minor children ages birth through 11 years**. Proxy access will be automatically revoked on the child's 12th birthday. Please note that your child's chart will be accessed through your MySwedes Chart record. If you do not already have a MySwedes Chart record, please request one by completing the Request for Access to MySwedes Chart form. If you have more than one child for whom you would like to request proxy access, please complete a separate form for each child.

Instructions for Completing this Form

To sign up for access to your child's health information in MySwedes Chart, please complete this request form in its entirety.

Parent/Guardian Information: (Please print clearly)

*MySwedes username: _____

**If you do not have a MySwedes Chart record, please request one by completing the Request for Access to MySwedes Chart form. A request for proxy access cannot be processed unless there is a primary MySwedes Chart account.*

Phone Number: _____ Email address: _____

Child's Information:

Full Legal Name (last, first, middle initial) _____

Social Security Number (last 4 digits) XXX-XX-_____ Date of Birth: _____ Gender: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

By signing below, I acknowledge that I am requesting access to my child's health information in MySwedes Chart .I also verify that I am the biological parent, adoptive parent, or permanent legal guardian .I understand that if I am required to provide supporting documentation as necessary to establish proxy access as I have requested, I agree to submit documentation that is accurate and current to the best of my knowledge.

Printed name of Parent / Guardian

Relationship to Patient

Signature of Parent /Guardian

Date

For Office Use Only

To SAHS employees assisting patients with access requests to MySwedes Chart, please complete the following:

Location where request was initiated:

SAMG Clinic Name _____ SAH Unit _____ SAMC-B Unit _____ HIMS

Applicable EMR Medical Record Number:

Epic Meditech MRN _____

Indicate type of Photo ID verified of Parent/Guardian

Drivers License/State ID Government ID Passport Other _____

Indicate that you have verified completion of the Request for MySwedes Chart Form by the Parent/Guardian

Employee Printed Name _____ Code Generated Yes

Employee Signature _____ Date ___/___/___ Time _____