

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete both pages of this Child Proxy Form and return it to the address shown below. Please note that your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child.

You must include two forms of identification,* one of which must be a government issued ID and an additional one that is proof of your current address. Return all forms to any of the following Health Information Departments:

Hackensack University Medical Center, Health Information Department, 30 Prospect Avenue, Hackensack, NJ 07601 OR Fax: 201-489-0591;

Jersey Shore University Medical Center, Health Information Department, 1945 Route 33, Neptune, NJ 07753 OR Fax: 732 776-4692;

Bayshore Medical Center, Health Information Department, 727 North Beers Street, Holmdel, NJ 07733 OR Fax: 732 888-7332;

Ocean Medical Center, Health Information Department, 425 Jack Martin Blvd, Brick, NJ 08724 OR Fax: 732 840-9616;

Riverview Medical Center, Health Information Department, 1 Riverview Plaza, NJ 07701 OR Fax: 732 224-7210;

Southern Ocean Medical Center, Health Information Department, 1140 Route 72, Manahawkin, NJ 08050 OR Fax: 609 978-8965;

Raritan Bay Medical Center, Health Information Department, 530 New Brunswick Avenue, Perth Amboy, NJ 08861 OR Fax: 732 324-4883;

Raritan Bay Medical Center, Health Information Department, One Hospital Plaza, Old Bridge, NJ 08857 OR Fax 732 360-4134.

Palisades Medical Center, Health Information Management, 7600 River Road North Bergen, NJ 07047 OR Fax: 201-854-8360

John F Kennedy Medical Center, Health Information Management, 80 James St. Edison, NJ 08820 OR Fax 732-744-5639

Please note that this form should not be used in the case of an emancipated minor.¹ An emancipated minor should use the Adult Proxy Form. To request a paper copy of your child's record, contact the Health Information Department at Hackensack Meridian Health. Below are the following age range limitations for MyChart.

- If your child is age 0-11, you will be granted full access to your child's MyChart record.
- If your child is age 12-17, you will be granted partial access to your child's MyChart record (e.g., immunizations and allergies).
- Once your child reaches age 18, you will no longer have access to your child's MyChart record.

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

Name (*last, first, middle initial*): _____ Date of Birth: _____

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

Email Address: _____ Home Phone Number: _____

Have you received services at a Hackensack Meridian Health facility? YES NO

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 or print one from www.HMHMyChart.org.

A. Name: (last, first, middle initial) _____

Date of Birth: _____ Patient address if different from above: _____

B. Name: (last, first, middle initial) _____

Date of Birth: _____ Patient address if different from above: _____

C. Name: (last, first, middle initial) _____

Date of Birth: _____ Patient address if different from above: _____

Please remember to read and complete page 2 of this form.

¹ In New Jersey, an "emancipated" minor is a person under the age of 18 who is: (a) is married, (b) pregnant, (c) in U.S. military service, or (d) declared emancipated by a court or administrative agency.

Authority to obtain a child's health information (check one):

Check all that applies for each child.

- I am the child's birth parent with current custody.

Child A Child B Child C Child D

Check all that applies for each child.

- I have been awarded custody of the child with the right to make health care decisions (attach court order(s) showing custody/rights).

Child A Child B Child C Child D

MyChart Terms and Agreement

- I understand that MyChart is intended as an online source of limited confidential medical information. If I share or allow my MyChart ID and password to be disclosed to another person, that person may be able to view health information about the above Patient and transmit that information to a third party.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to immediately change my password if I believe it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the Patient's medical record. I also understand that a paper copy of a patient's complete medical record may be requested from the Hackensack Meridian Health Information Department:

Hackensack University Medical Center at 551-996-2074;	Jersey Shore University Medical Center at 732 776-4771;
Bayshore Medical Center at 732 739-5985;	Ocean Medical Center at 732 840-3331;
Riverview Medical Center at 732 660-2510;	Southern Ocean Medical Center at 609-978-3820;
Raritan Bay Medical Center, Perth Amboy at 732 324-5391	Raritan Bay Medical Center, Old Bridge at 732 360-4237.
Palisades Medical Center, at 201-854-5081	JFK Medical Center at 732-321-7177

- I understand that access to MyChart is provided by Hackensack Meridian Health as a convenience to its patients and that Hackensack Meridian Health has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart Proxy.
- I understand that while Hackensack Meridian Health will use reasonable security efforts, no system can guard against all risks of intentional intrusion or inadvertent disclosure medical information on MyChart. MyChart transmits medical information over the internet, a medium that is beyond the control of Hackensack Meridian Health and its contractors. I HEREBY EXPRESSLY ASSUME THE SOLE RISK OF ANY UNAUTHORIZED DISCLOSURE OR INTENTIONAL INTRUSION, OR OF ANY DELAY, FAILURE, INTERRUPTION OR CORRUPTION OF DATA OR OTHER INFORMATION TRANSMITTED IN CONNECTION WITH THE USE OF THIS SERVICE.
- I understand that I will no longer have MyChart access when my child reaches the age of 18 or upon Hackensack Meridian Health learning that my child has become emancipated. I also understand that federal and state law may protect the privacy of certain types of medical care sought by unemancipated minors on a confidential basis.
- MyChart allows patients and proxies the ability to use confidential messaging. You can elect to message a physician and prevent others from viewing the correspondence.
- You should not make any decision relating to your health based upon the information available in MyChart and/or in your medical record. You always should consult with your physician for health-related matters.
- I have read, understand and agree to the terms and conditions set forth on this page, as well as the terms and conditions included on the webpage used to access MyChart – www.HMMyChart.org.**

Signature of Parent/Guardian

Relationship to Patient

Date (Required)

*Examples of ID:

- Government issued photo ID (e.g. driver's license, passport, non-driver ID)
- Proof of address (e.g. utility or other bill with your name and address, credit card / bank statement with your name and address (no more than 90 days old), birth certificate, marriage license or civil certificate, parent / guardian court papers, government correspondence with your name and address, school transcript with your name and address (no more than two years old)).

For office use only: Received by: _____ Department: _____