



LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH DD-MM-YYYY	SEX
ADDRESS	

Health Information Management

MyChart Access Request Form

MyChart provides secure online access to some of your information from your SickKids electronic health record. To request a MyChart account, read this form carefully and complete the appropriate fields. MyChart access will not affect your legal right to access your official health record by other means. To request a copy of your official health record, contact the **SickKids Health Information Management Department** at 416-813-7575 or in Room S203.

Patient: (all sections required – print clearly)

Name _____
Last Middle initial First

Date of birth _____ Phone _____
DD MM YYYY

Street _____

City _____ Province _____ Postal code _____

For patient access to MyChart:

Patient's email address: _____

Parent / Legal Guardian to complete for access to MyChart (all sections required – print clearly)

Name _____
Last Middle initial First

Relationship to patient _____

Parent / legal guardian date of birth _____ Phone: _____
DD MM YYYY

Parent / legal guardian's email address _____

Address same as the patient in Section A

Street _____

City _____ Province _____ Postal code _____



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MyChart Access Request Form

Providing access to my parent / legal guardian for patients 12 years of age or older:

At SickKids, only a patient's parent or legal guardian can ask for a proxy account to be able to see the patient's health information in MyChart. Patients 12 years of age and older can decide whether to provide signed consent to give their parent or legal guardian proxy access. If the patient is under 12 years of age or does not have the capacity to approve proxy access, the patient's primary healthcare team can authorize the approval. Six months prior to the patient's 12th and 16th birthdays, an email will be sent to their parent or legal guardian with proxy access to renew their account. Proxies must complete and return the re-enrollment form within the six month timeframe, otherwise their account will be deactivated. If the patient will be turning 12 or 16 years of age within six months of signing up for MyChart, then no re-enrollment is needed and access will remain. The patient may deactivate their parent's or legal guardian's proxy's access at any time within the MyChart patient portal.

This section authorizes SickKids to release personal health information to a patient's parent or legal guardian (proxy).

I am requesting that my parent or legal guardian, receive access to my health information available through MyChart.

Signature of patient _____ Date _____

For patients over 12 years of age who do not have the capacity to approve proxy access:
Authorizing healthcare provider:

_____ Signature _____ Date _____
Full Name (Last, First)

By signing this form, I agree to use, disclosure and sharing of personal and personal health information through the MyChart portal and I understand and agree to the SickKids Terms and Conditions related to MyChart and release of information and proxy designation (if applicable), which is available at <https://mychart.kidshealthalliance.ca/mychart/default.asp?mode=stdfile&option=termsandconditions>

A copy of these Terms and Conditions can also be provided upon request.

Signature of patient _____ Date _____

For proxy access request:

Signature of parent / legal guardian _____ Date _____

Administration: MyChart Activation for the patient has been completed