



My Health Connection Child Proxy Access Request Form

I am the legal parent/guardian of the child listed below. I understand that submitting this completed form allows me to act as a substitute (a “proxy”) to get information about my child’s health. I understand that the information I access is confidential and kept safe through a secure electronic system called “My Health Connection” (MHC) used by University of Colorado Health (UCHealth). I agree to and will follow the terms of using MHC, which are available to review on the MHC website.

Important Note:

- Under the age of 14: Parents/guardians will have full access to all aspects of the child’s MHC account, including appointments, medications, test results and more.
- Ages 14-18: Parents/guardians will have limited access to the child’s MHC account. They will have the ability to message the child’s provider(s), but they will not be able to view test results, appointments, etc. The 14-18 year old child will have full access to their MHC account.
- 18 years or older: Parents/guardians will no longer have any access to the child’s MHC account, while the child over 18 years of age will have full access to their MHC account. If the child elects to provide parent with adult proxy access, an Adult Proxy Access Form must be completed.
- **Special needs:** If a child is 14 years of age or older, with special needs and unable to manage their own health care, the child’s parents/guardians are allowed to maintain full access to all aspects to the child’s MHC account. This arrangement should be discussed with your child’s health care team.

Proxy Information:

Have you been a patient at University of Colorado Health (UCHealth)? Yes No

If yes, do you have an active UCHealth MHC account? Yes No
(Proxies must have a MHC account of their own in order to access their child’s MHC account.)

- Parent/Legal Guardian** (Proxy must provide copy of photo ID.)
- Permanent Legal Guardian or Conservator** (Proxy must provide copy of photo ID and attach copy of the Legal Paperwork Appointing Guardianship or Conservatorship)
- Durable Power of Attorney (DPOA) for Healthcare** (Proxy must provide photo ID and copy of DPOA)

Confirmed on date: _____ By: _____ (UCHealth employee signature/title)

Please print clearly and complete all items.

PROXY:		PATIENT (Child):	
Full Name		Full Name	Gender
Date of Birth	Med Record #	Date of Birth	SS#
Address		Address	
City/State	Zip Code	City/State	Zip Code
Phone	E-mail	Phone	E-mail



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Proxy understands and agrees to the following:

- I will follow the terms and conditions on the MHC web page.
- I must log in to MHC with my own user name and password.
- Communications conducted through MHC will become part of the patient's medical record.
- My access to this patient's MHC account will expire in accordance with the access policy outlined above. Access to my child's chart will vary depending on my child's age. Access will expire on the child's 18th birthday, unless otherwise specified. Access granted by this form will expire on the child's 18th birthday, the child then has the option to grant Adult Proxy access.
- If I am a proxy acting on behalf of the patient because he/she is not able to make and understand health care decisions, I agree to notify UCHealth in writing immediately at one of the addresses below if my legal authority to act on behalf of the patient is inactivated, revoked, terminated or expired.

Proxy Signature

Date

Please return this form to one of the following locations:

Memorial Hospital Health Information Management Department (Room 2N2007) Attn: Release of Information 1400 E. Boulder Street Colorado Springs, CO 80909	University of Colorado Hospital Health Information Management Attn: Release of Information Mailstop AO25 12401 E. 17 th Ave Aurora, CO 80045	Medical Center of the Rockies Poudre Valley Hospital Health Information Management Attn: Release of Information 2500 Rocky Mountain Ave. Loveland, CO 80538
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