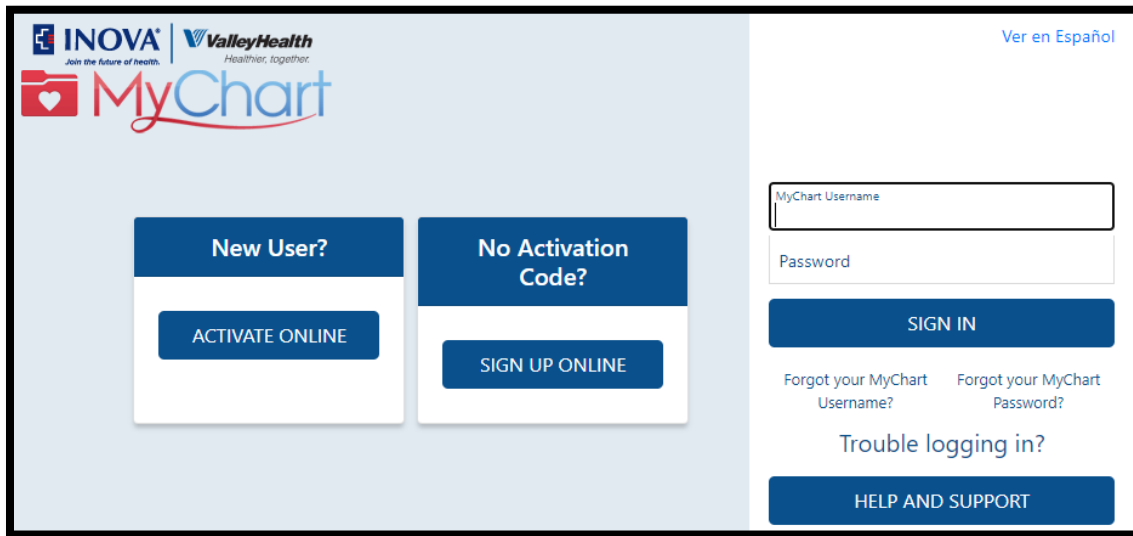
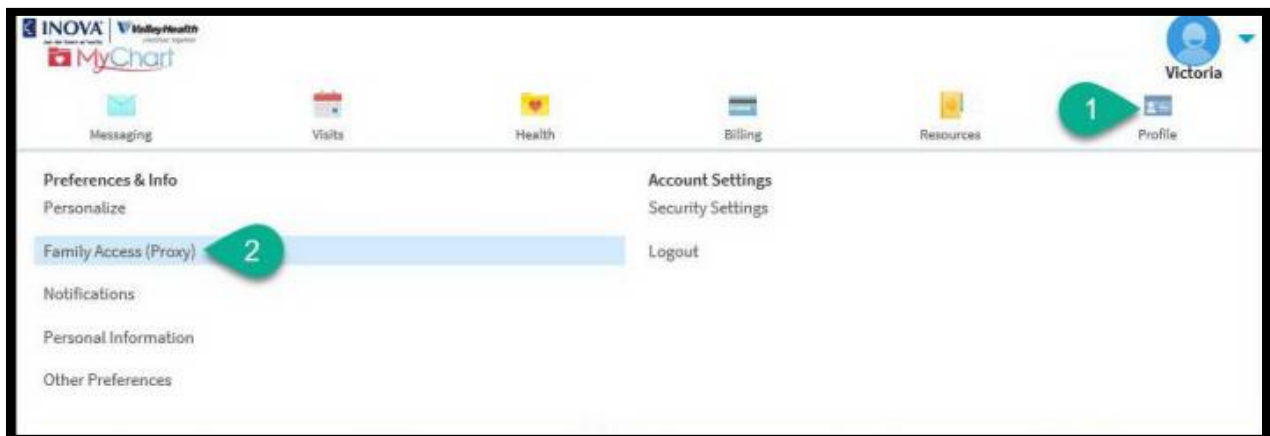


## MyChart Proxy Access for Teen Age 14-17

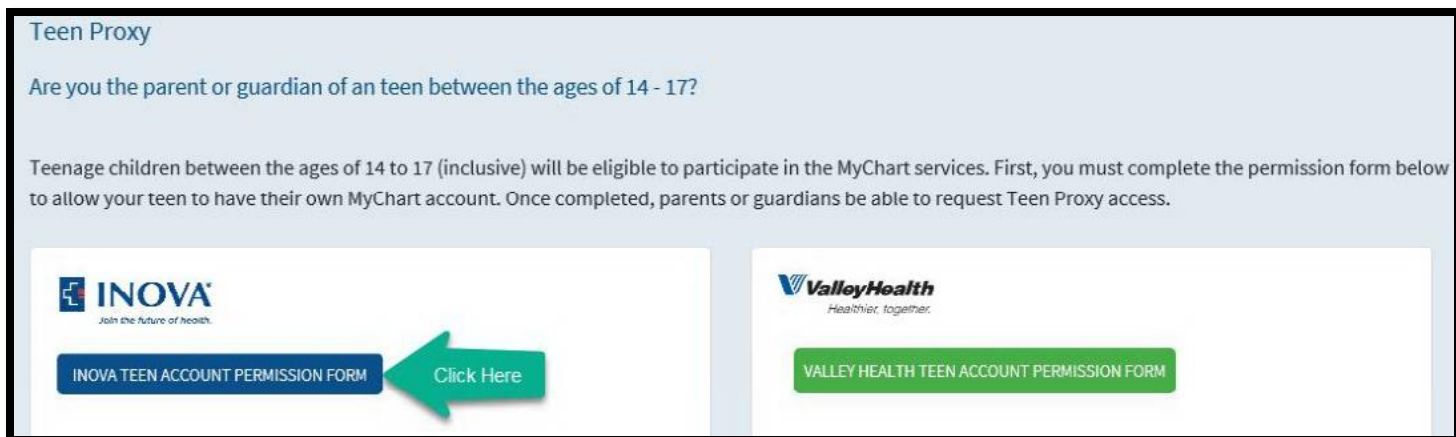
1. Log in to your Inova/ValleyHealth MyChart account from a computer/desktop.
  - a. Requesting proxy access is not available via the MyChart mobile application



2. Within MyChart, click on "Profile" and then click on "Family Access (Proxy)"



3. Click on "Inova Teen Account Permission Form"



4. Complete the "Grant Permission to a Teen's Record at Inova (14-17yo) form
  - a. This includes Teen information and Parent/Guardian information

**Grant Permission to a Teen's Record at Inova (14 - 17yo)**

**Teen's Information:**

Teen First Name: \_\_\_\_\_

Teen Middle Name/Initial: \_\_\_\_\_

Teen Last Name: \_\_\_\_\_

Teen Address: \_\_\_\_\_

Teen City: \_\_\_\_\_

Your State: \_\_\_\_\_  
Please enter your teen's state's initials.

Teen Zip Code: \_\_\_\_\_

Teen Previous Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Teen Home Phone: \_\_\_\_\_  
Please enter your 10 digit number with the area code.

Teen Mobile Phone: \_\_\_\_\_  
Please enter your 10 digit number with the area code.

Medical Record Number: \_\_\_\_\_  
Please enter the child's 8 digit Medical Record Number.

Teen E-Mail Address: \_\_\_\_\_

**Parent/Guardian Information:**

Your First Name: \_\_\_\_\_

Your Middle Name/Initial: \_\_\_\_\_

- b. Accept the Terms & Conditions
- c. Click Submit Request
  - i. Approval will only be granted after the teen has also submitted the necessary forms to sign up for MyChart (process outlined in the next steps)

**Terms and Conditions:**

MyChart is intended as a secure online source of confidential medical information. I will inform my teen that sharing of his/her MyChart ID and password is strongly discouraged as it may compromise personal medical information. If my teen were to share his/her MyChart ID and password with another person, that person may be able to view my teen's health information. Inova and/or Valley Health are not liable for any breach of privacy that may result from such sharing.

I understand that it is my teen's responsibility to select a confidential password, to maintain his/her password in a secure manner, and to change his/her password if he/she believes 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 medical record. I also understand that a paper copy of a patient's medical record may be requested from Health Information Management (Medical Records Department).

I understand that my teen's activities within MyChart may be tracked by computer audit and that entries he/she makes may become part of the patient's medical record.

I understand that access to MyChart is provided by Inova and Valley Health as a convenience to their patients and that they have the right to deactivate access to MyChart at any time for any reason.

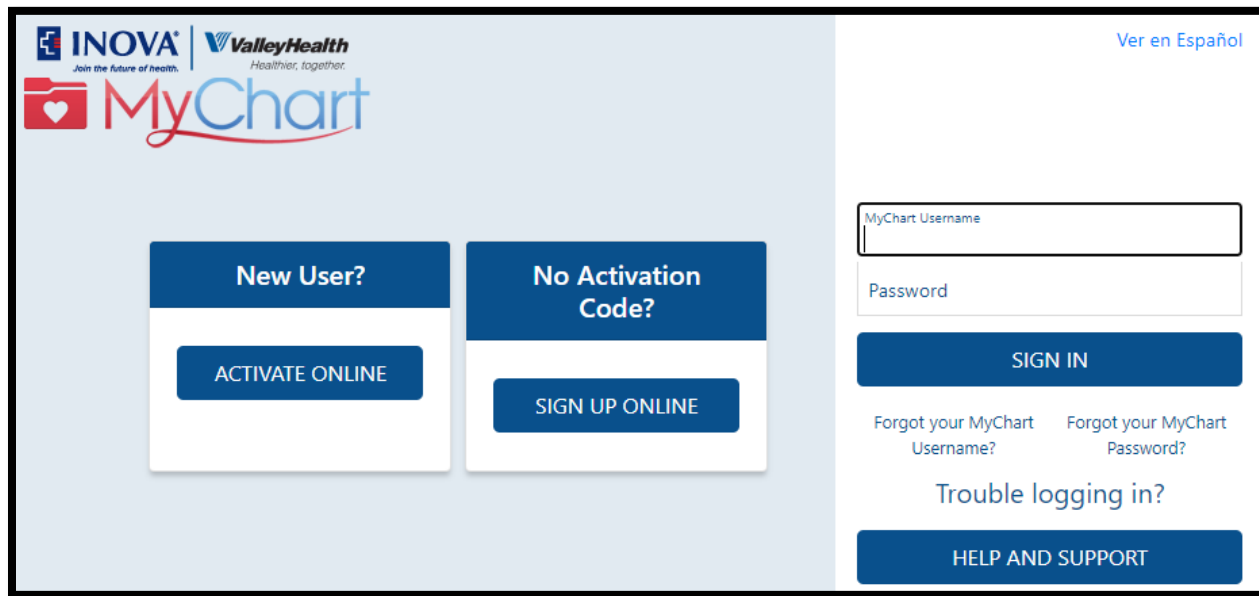
Please review the following items and click the 'ACCEPT' below to confirm you acknowledge and agree with these statements:

- I grant permission for my teen (age 14 to 17) to access his/her medical information by creating his/her own MyChart account. I understand that:

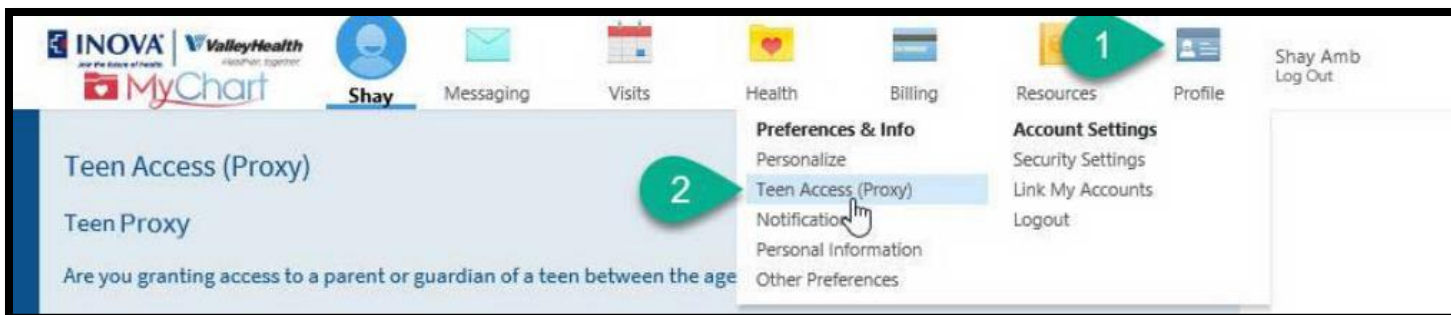
ACCEPT

5. The teen patient now needs to fill out the “Proxy Permission Access to a Parent/Guardian” form within MyChart; the patient should:

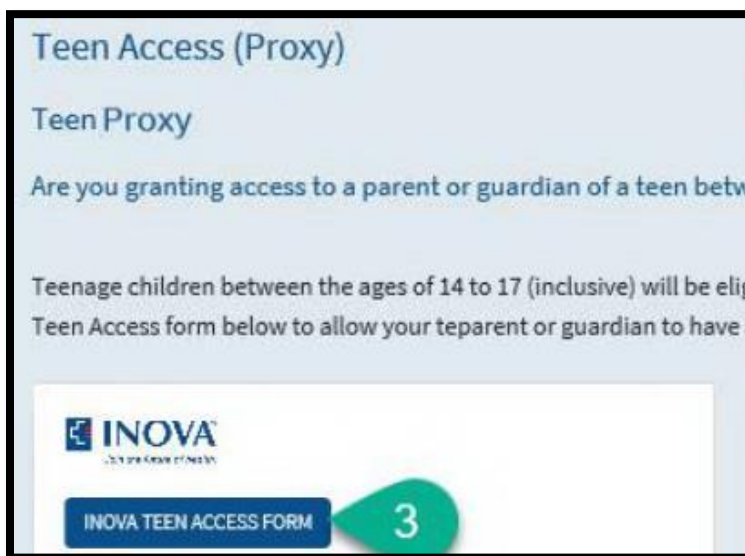
- a. Log in to MyChart at <https://mychart.inova.org/mychart>



- b. Click “Profile” and then click “Teen Access (Proxy)”



- c. Click “Inova Teen Access Form”



6. Complete the "Request to Access a Teen's Record at Inova (14-17yo) form

### Request to Access a Teen's Record at Inova (14 to 17yo)

In a proxy relationship, two people are involved:  
Patient – The person whose medical information is being accessed.  
Proxy – The person who needs access to medical information in order to help manage the care of another.

The form will allow you to request access to the patient's medical information for the timeframe indicated below. This access will be via a patient portal called MyChart.

Patient Age	Access Parameters	Validity Timeframes
Teen between ages 14 and 18	The teen may sign, giving access to a parent or legal guardian. Teens must also establish a MyChart account which requires parental permission.	Valid until the patient's 18th birthday, or until revoked by the patient.

Requested Access:

#### Teen's Information:

Your First Name:

a. Accept the Terms & Conditions

### Terms and Conditions:

I understand that MyChart is intended as a secure online source of confidential medical information. I understand that sharing of my MyChart ID and password is strongly discouraged as it may compromise personal medical information. If I were to share my MyChart ID and password with another person, that person may be able to view my, my spouse's, or my adult child's medical information, as well as the medical information of anyone who may have authorized me as a MyChart proxy. Inova and/or Valley Health are not liable for any breach of privacy that may result from such sharing.

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 MyChart contains selected, limited medical information from a patient's medical record and that MyChart 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 from Health Information Management (Medical Records Department).

I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.

I understand that access to MyChart is provided by Inova and Valley Health as a convenience to their patients and that Inova and Valley Health have 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.

By signing below, I acknowledge that I have read and understand this Proxy Access to Medical Records via MyChart form and the MyChart terms and conditions and I agree to all terms.

**MyChart Waiver:** I agree on behalf of myself and the teen patient (if applicable) to waive and release the physician, Inova or Valley Health, and its affiliated entities, and their officers, directors, employees, agents, successors, and assignees from any and all claims or causes of action that are in any way related to the use of MyChart.

**Authorization to Release Protected Medical Information:** I authorize Inova or Valley Health to release medical information via MyChart **ONLY** to the designated proxy. Any and all information, as allowed through MyChart, may be released.

Please review the following items and click the 'ACCEPT' below to confirm you acknowledge and agree with these statements:

I confirm that all of the information and signatures provided were both parties are correct and valid.

b. Click "Submit Request"

- i. Proxy access requests are typically approved within 72 business hours of receipt of all required forms