Group Health Cooperative of South Central Wisconsin

Consent for Minor Self-Access to GHCMyChart℠

Parent or Legal Guardian's Information:

Parent or Legal Guardian Name ______________________

Parent or Legal Guardian Date of Birth ______________________

Street Address ______________________

City ______________________

State ______

Zip Code ______________________

Phone Number ______________________

Email Address ______________________

Minor Patient Information:
(Please provide information for the minor who is to gain self-access to GHCMyChart℠)

Patient Name ______________________

Patient Date of Birth ______________________

Patient Member Number ______________________

Patient Email (required to initiate setup) ______________________

Request for Minor GHCMyChart℠ Account: I, the legal guardian of the patient named above, authorize and agree that the above named minor may have access to their own MyChart account.

- If your child is age 0-17, they will have read-only access to information in their GHCMyChart℠ Record. They will be able to send messages to providers in accordance with the guidelines within GHCMyChart℠.
- Once your child reaches age 18, they will have full access to their GHCMyChart℠ record. Proxy access will automatically terminate and you will no longer have access to the account.

Parent or Legal Guardian's Signature (Required) ______________________

Date ______________________

Return form to GHC-SCW Release of Information at:

- Via email to: GHCROI@ghcscw.com
- Via fax to: (608) 441-3499
- Via mail to: GHC-SCW East Clinic
ATTN: Release of Information
5249 E Terrace Dr.
Madison, WI 53718