

Minor Patient Information (one form per minor):

Patient Name

Patient Street Address

GHC #

Date of Birth

City, State, Zip Code

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

Proxy's Information: (Please provide information for the Proxy who is to gain access to minor's GHCMYChartSM).

Proxy Name

Proxy Date of Birth

Street Address

City, State, Zip Code

Proxy Phone Number

Proxy Email Address

Proxy SSN Last 4 (Only required with submissions to HIM)

Proxy Relationship to Child

I, the legal guardian of the patient named above, authorize and agree that the above named adult Proxy may have access to the Minor Patients GHCMYChartSM account.

- If the minor is age 0-17, this individual will be granted full proxy access to the minor's MyChart Record. You may contact GHC-SCW Release of Information Department to have it revoked at any time.
- Once the minor reaches age 18, they will have full access to their GHCMYChartSM record. Proxy access will automatically terminate, and this individual 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: GHROI@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 53717