

To sign up for access to your child's MyChart account, please complete both pages of this Child Caretaker Form and return it to the front desk staff of your ARC clinic. Please note that your child's chart will be accessed through your MyChart account. Completing this form will establish a MyChart account for you and a Caretaker account for your child (non-ARC parent/guardian will only see the Caretaker account). Follow the 3 easy steps below:

## 1. Complete Form

**PARENT/GUARDIAN INFORMATION: \*\*\*ALL FIELDS REQUIRED\*\*\* Please print clearly.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**ARC Patient** – Medical Record Number (**acquire at clinic**): \_\_\_\_\_

**Non-ARC Patient** – Last Four Digits of Your Social Security Number: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child's record by other means. To request a paper copy of your child's record, contact your child's primary care clinic or visit <http://bit.ly/ARCroj>.

- If your child is **age 0-11**: You will be granted full access to your child's MyChart record.
- If your child is **age 12-17**: You will be granted partial access to your child's MyChart record. (e.g., appointment scheduling, immunizations)

Partial access shall include the following areas:

- Immunizations
- Appointment Scheduling
- Lab Results
- Clinical Messaging
- Billing Summaries

- Once your child reaches **age 18**, you will no longer have access to your child's MyChart record.

**Please provide the following information for each child.** If you have more than six children for whom you would like Caretaker access, please request another form or print one from <http://bit.ly/MyChartForms>.

**CHILD INFORMATION: \*\*\*ALL FIELDS REQUIRED\*\*\* Please print clearly.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

ARC Medical Record Number (**acquire at clinic**): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary ARC Clinic: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

ARC Medical Record Number (**acquire at clinic**): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary ARC Clinic: \_\_\_\_\_

**\*\*\*Flip to complete page 2 of this form\*\*\***

**CHILD INFORMATION:** *(continued from page 1)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 ARC Medical Record Number **(acquire at clinic)**: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Primary ARC Clinic: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 ARC Medical Record Number **(acquire at clinic)**: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Primary ARC Clinic: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 ARC Medical Record Number **(acquire at clinic)**: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Primary ARC Clinic: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 ARC Medical Record Number **(acquire at clinic)**: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Primary ARC Clinic: \_\_\_\_\_

## 2. Affirm Your Identity

By signing below, I hereby affirm I am the Parent/Guardian identified above. I understand that I may be subject to penalties under law for submitting false or misleading information in connection with this application to access the MyChart service. I acknowledge that I have read and understand this MyChart Child Caretaker Form and I agree to its terms.

Signature of Parent/Guardian Person	Relationship to Patient	Date <i>(required)</i>
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## 3. Submit Completed Form

Return the completed form to the front desk at your ARC clinic.

**FOR CLINIC USE ONLY:**

**Please sign and date processed forms prior to forwarding to EMR-Scanning at I-35**

Approved by: \_\_\_\_\_ Clinic Location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Caretaker granted by: \_\_\_\_\_ Department Name: \_\_\_\_\_ Date: \_\_\_\_\_