



Access to Your Child’s MyChart Record

Completing this form will establish a MyChart account for access to your child’s account, Please note that your child’s record will be accessed through your MyChart account.

Please note the following age range limitations for MyChart. These age range limitations do not affect any right you have to access your child’s record by other means. Contact USFPG Medical Records department to request a paper copy of your child’s record

- 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 only have the ability to message a provider that is in a non-confidential department identified by the USF MyChart Steering Committee. You will not have full access to your child’s MyChart record.

Please provide the following information for each child:

- A. Name (*last, first, middle initial*): _____ Date of Birth: _____
- B. Name (*last, first, middle initial*): _____ Date of Birth: _____
- C. Name (*last, first, middle initial*): _____ Date of Birth: _____
- D. Name (*last, first, middle initial*): _____ Date of Birth: _____

Parent/Guardian Information: (All sections required – please print clearly.)

Are you or have you been a patient at Tampa General Hospital or USF Health: Yes No

Name (*last, first, middle initial*): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Relationship to Patient: _____ DOB: _____

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or my child’s health information.
- 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 anyway.
- 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 USF Health Medical Records.
- 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 USF Health, in affiliation with Tampa General Hospital, as a convenience to its patients and that USF Health, in affiliation with Tampa General Hospital has the right to deactivate access to MyChart at any time for any reason.
- I may revoke this authorization at any time by providing a written request for revocation to USF Health Medical Records. I understand that if I revoke this authorization, my designated proxy’s access to MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.
- 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 MyChart Sign-Up Form and I agree to its terms.

Signature of Parent/Guardian

Printed Name Parent/Guardian

Date