



Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

PF02940 (R 9/15)

**CONSENT/MYCHART -
ACCESS TO YOUR CHILD'S MYCHART ACCOUNT**

PATIENT I.D. _____

To sign up for access to your child's MyChart record, please complete both pages of this Sign-Up Form and return it to your health care provider. Please note that your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child.

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

Name (last, first, middle initial): _____

Social Security Number: _____ Date of Birth: _____

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

Email Address: _____ Phone Number: _____

Primary Office: _____

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 records by other means.

- If your child is **age 0-11**: You will be granted full access to your child's MyChart record.
- If your child is **over the age of 12**: They may request their own MyChart.

Please provide the following information for your child: (All fields are required.)

1. Name (last, first, middle initial): _____

Social Security Number: _____ Date of Birth: _____

Primary Office: _____

• **Please remember to complete page 2 of this form.**



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MyChart Terms and Agreement

- I understand that MyChart is intended to be a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person will be able to view my or my child's health information, and any health information about someone who has authorized me as a MyChart Proxy.
- 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 understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Covenant HealthCare as a convenience to its patients and that Covenant HealthCare has 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 MyChart Sign-Up Form and I agree to its terms.

Signature of Parent/Guardian

Relationship to Patient

Date

AM/PM