Sparta Community Hospital

MYCARECORNER

# MyCareCorner Proxy Application
# Patient Age 0-11

Completing this form allows a parent or guardian (a "proxy") of a child age 0-11 to be able to access a patient's health record via MyCareCorner. The information provided will be used to trigger a portal invitation.

**Part 1.** Enter **Child's/Patient's** information below:

Legal Name (First/Middle/Last):_____

Date of Birth: _____

**Part 2.** Enter Proxy Information (**Parent or Legal Guardian**)

Legal Name (First/Middle/Last):_____

Date of Birth: _____ Phone number:_____ Relationship:_____

Address/City/State/Zip:_____

E-mail for Portal Invite: _____

**Part 3.** To Be **Signed by Proxy**

- I attest that I am a parent or legal guardian with the right to access this child's protected health information. If I am no longer a parent or guardian with legal authority to access this child's account, I will immediately stop using my proxy access through MyCareCorner and I will alert Sparta Community Hospital to turn off my access.
- I understand that only one proxy can be named per child and that if there are other parents or guardians involved in this child's healthcare, I am responsible to provide them access to the portal using the Share Record feature in the portal. I understand that Sparta Community Hospital has no control or involvement over who I share this portal access with. I can find out more information about the Share Record feature at www.spartahospital.com.

I understand that as a proxy:

- I must log in to MyCareCorner account with my own username and password to access the patient's information.
- Sparta Community Hospital may revoke access to this electronic access at any time deemed appropriate.
- When the patient turns age twelve (12), proxy access and any shared record access will automatically be unlinked from the patient. I will receive notifications about these upcoming changes.
- I understand this severance of my access at age 12 is due to IL Confidentiality laws for minors 12-17 that cannot otherwise be accommodated in the current portal through segmentation. I may contact the Health Information Department for access to my child's records if State Law allows.

_____ _____

Date Signature of Proxy Applicant

_____(Date) _____(Witness Signature)