

PATIENT INFORMATION		
PATIENT NAME: LAST, FIRST, MIDDLE INITIAL	DATE OF BIRTH: MM/DD/YYYY	GENDER:
ADDRESS:		
CITY:	STATE/PROVINCE:	ZIP CODE:
EMAIL ADDRESS: <input type="checkbox"/> NA	HOME PHONE:	MOBILE PHONE:

*****Please select the box(es) below that best describes the patient portal access/proxy access requested***
For all access types, the patient's chart can only be accessed through the proxy's Patient Portal account.**

<p style="text-align: center;"><u>ADOLESCENT (age 12-17)</u></p> <p><input type="checkbox"/> Adult-Adolescent Proxy – access to schedule appointments, will not have access to refill medications</p> <p>Relationship of Proxy to Patient is:</p> <p><input type="checkbox"/> Parent (Photo ID Necessary & status documented in medical record or legal document)</p> <p><input type="checkbox"/> Permanent Legal Guardian (Photo ID Required & Copy of Court Order Appointing Guardianship Required)</p> <p><input type="checkbox"/> Adolescent Self Access (If checked, adolescent must sign on back), all access to own record</p>	<p style="text-align: center;"><u>LIFETIME INCAPACITATED ADOLESCENT (age 12-17)</u></p> <p><input type="checkbox"/> Lifetime Incapacitated Adolescent (Physician Documentation Required)</p> <p>Relationship of Proxy to Lifetime Incapacitated Adolescent is:</p> <p><input type="checkbox"/> Parent (Photo ID Necessary & status documented in medical record or legal document)</p> <p><input type="checkbox"/> Permanent Legal Guardian (Photo ID Required & Copy of Court Order Appointing Guardianship Required)</p>
<p style="text-align: center;"><u>EMANCIPATED MINOR (Access for Self)</u></p> <p><input type="checkbox"/> Emancipated Minor (Copy of Court Order of Emancipation Required)</p>	

PROXY INFORMATION <input type="checkbox"/> NA - Check if adolescent or emancipated minor requests access		
PROXY NAME: LAST, FIRST, MIDDLE INITIAL	DATE OF BIRTH: MM/DD/YYYY	
ADDRESS:		
CITY:	STATE/PROVINCE:	ZIP CODE:
EMAIL ADDRESS:	HOME PHONE:	MOBILE PHONE:



**PATIENT PORTAL ACCESS
REQUEST – ADOLESCENT PROXY
OR EMANCIPATED MINOR**



PATIENT LABEL

PARENT/LEGAL GUARDIAN/ADOLESCENT/EMANCIPATED MINOR ATTESTATION

By signing below, I acknowledge and agree that:

- I will be using my own My Baptist Chart account at Baptist Health to access the Patient’s account.
- I will comply with the terms and conditions on the My Baptist Chart web page (located at **My.BaptistChart.com**) and this document.
- I will keep my password confidential and not share this information with anyone.
- I have parental rights or legal guardianship rights to access this Patient’s record.
- **I am NOT a foster parent or stepparent of this Child.**
- There are no court orders or restraining orders in effect limiting my access to this Patient’s medical records and/or information.
- I will notify Baptist Health in writing immediately if my Relationship with the Patient changes (for example, if I am no longer the Legal Guardian of the Patient).
- Communications on behalf of the Patient through My Baptist Chart must be sent from the Patient’s record and responses will be received in the Patient’s record. My Baptist Chart e-mail alerts will be sent to the e-mail address entered under Proxy Information.
- There are age range limitations for My Baptist Chart. These age range limitations do not affect any legal right I have to access the Patient’s record by other means. Copies of the record are available to authorized requestors (subject to other Baptist Health policies) by contacting the Hospital Health Information Management Department or the front office staff at the physician’s office.
- For a child age 0 to 11, the Proxy will be granted access to the Child’s My Baptist Chart. For our portal to fully comply with certain restrictions in Florida privacy laws, parents of patients 12-17 years will be granted partial access to their Child’s portal account. Proxy automatically transitions to Adult-to-Adolescent Access at 12 AM the day of the adolescent’s 12th birthday, with access to scheduling appointments, messaging if parent initiated messaging, immunizations. At age 18, the Proxy will lose access to the patient’s My Baptist Chart account & will need to fill out a consent form for access.
- I, as the legal proxy and guarantor for 0-11 and 18+, will have the ability to view, pay bills and receive financial assistance, payment plans, and set up autopayment.
- Adolescents (age 12-17) will be granted access to the My Baptist Chart unless a parent requests that the minor’s access be restricted or denied.
- Removal of parental proxy access occurs when emancipated minor status is validated.

Signature of Parent/Legal Guardian/Adolescent/Emancipated Minor

Relationship to Patient

Date

Time

Submit Form:

DELIVER PAPERWORK IN PERSON OR MAIL FORM TO: Baptist Health, HIM Department, ATTN: Patient Portal, 3563 Philips Highway, Bldg. B, Suite 201, Jacksonville, FL 32207 OR to your Baptist Health Physician Practice.

****Note:** This form is **ONLY** to be completed by parents, legal guardians, adolescents, emancipated minors or adult proxy. For Adult patients who wish to participate in the portal, you may sign up during your visit or receive an activation code on your after visit summary. This code will enable you to login and create your own user ID and password. You may access your MyChart account by logging on to **my.baptistchart.com**. If you were not issued an activation code, you can request one directly from the MyChart website.



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