



**\*DTF1514**

PATIENT INFORMATION

Name: \_\_\_\_\_

MR#: \_\_\_\_\_

DOB: \_\_\_\_\_

**Foster Parent Request for MyChart Proxy Access**

Completion of this application is not a guarantee that MyChart access will be provided. Foster parents applying for access: Please note that this request will be sent to a San Diego County Social Worker for their review and approval.

The individual completing this form is requesting access ("Proxy Access") to portions of the above-named patient's records via Rady Children's Hospital-San Diego MyChart.

**Please complete this form and submit it to the patient's provider or:**

Rady Children's Hospital-San Diego  
Health Information Management (HIM) Department  
5898 Copley Drive, Suite 400  
San Diego, CA 92111  
FAX: 858-966-8527  
Email: [releaseofinformation@rchsd.org](mailto:releaseofinformation@rchsd.org)

Name of Foster Parent / Applicant (First Middle Last): \_\_\_\_\_

Applicant's Confidential Address: \_\_\_\_\_

To receive an activation code via email, please provide a valid email address: \_\_\_\_\_

Applicant's phone number: \_\_\_\_\_ Applicant's date of birth: \_\_\_\_\_

For proxy access to a minor child's information, please provide additional detail regarding your relationship with the patient (e.g., how long have you been involved in the care of the child, additional factors that RCHSD should consider, including whether the child has a complex medical condition), etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide Placement Social Worker contact information:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address



Foster parent requests for MyChart access require additional documentation and review. We will contact you within thirty (30) business days of receiving this form and we may ask you for additional documentation, if necessary. Any documentation provided will be saved to the child's Rady Children's electronic medical record.

Printed Name of Foster Parent/Applicant: \_\_\_\_\_

Signature of Foster Parent/ Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Note: To ensure that foster proxy access is still appropriate:

- Foster proxy access will be reviewed and possibly deactivated after twelve months. If continued access is desired, Foster Parent hereby agrees that it is their responsibility to submit documentation through their MyChart account to confirm their ongoing foster family relationship within sixty (60) days of the twelve-month expiration date.
- In the event the child is no longer in the care of this foster parent, foster parent understands and agrees it is their responsibility to promptly notify Rady Children's HIM Department so this MyChart account can be deactivated. Please send notification to HIM from within the MyChart system or contact our MyChart Service Desk at 877-902-4278.

If approved, you will receive a RCHSD MyChart activation code along with instructions on how to sign on to the RCHSD MyChart site.

For Internal Use Only:

**San Diego County Social Work Approval**

☐ Application approved.

☐ Application denied (summarize reason for denial): \_\_\_\_\_

**HIM**

☐ Application approved. MyChart Proxy Access assigned on \_\_\_\_\_

\* Completed document will be maintained in the patient's electronic medical record.