Beaumont HEALTH

MyBeaumontChart Adolescent Full Proxy Access Approval Form for Non-Epic Providers

MyBeaumontChart Adolescent Proxy Access

In April 2019, the default access for parent/guardian for adolescent patients 12 to 18 years old was changed to be a limited view. Limited view contains information on the patient's allergies, immunizations, and the ability to schedule appointments electronically. This change was made due to Michigan State privacy laws that allow certain treatment information to remain confidential between adolescents and their healthcare provider. The purpose of the change is to help further the trust of our adolescent patients to ensure they will seek treatment for important protected health services such as substance dependency, sexual health, and mental health.

Parents/guardians of a 12 to 18-year old can gain full proxy access by having a conversation with the adolescent and the adolescent's healthcare provider. Together, based on the conversation, the adolescent's healthcare provider can grant full proxy access to the adolescent's MyBeaumontChart information if deemed appropriate. The purpose of this form is to provide a process for providers not on Epic to review the relationship of an adolescent patient and their parent/guardian and allow for full proxy access to the adolescent's MyBeaumontChart.

Patient Information

Parent or Legal Guardian Full Name: _____

Parent or Legal Guardian Date of Birth: _____

Parent or Legal Guardian SSN (last four digits): _____

Adolescent's Full Name: _____

Adolescent's Date of Birth: _____

Adolescent's SSN (last four digits): _____

Provider Approval

By signing below, I agree that:

- I have a treatment relationship with the adolescent.
- I had a private conversation with the adolescent and no concerns for confidential encounters currently exist.
- By providing full proxy access, the parent/ legal guardian will have access to the full medical record of the adolescent via MyBeaumontChart, which may include health information related to immunizations, test results, hospital stay notes, physician appointment notes, physician messages, and appointment information.
- If concerns arise resulting in a need to change proxy access to limited, if the patient selects a new physician, or if I discharge the patient from my practice, I will notify MyBeaumontChart Support at 248-597-2727 or MyChart@beaumont.org within 30 days to request MyBeaumontChart Adolescent Proxy Access Level Change Form for Non-Epic Providers.

_____   _____   _____
Provider Signature   *Provider Printed Name*   *Date*

To submit a signed document or for more information, contact MyBeaumontChart Support at 248-597-2727 or MyChart@beaumont.org.