
Requesting Access to a Minor Patient's ARMC Epic MyChart Account

You must be a child's parent or legal guardian to access the child's medical record through ARMC Epic MyChart Portal account. Because of our policy and the State of California's minor consent and confidentiality laws, there are limitations based on a patient's age restricting what you can view in the ARMC Epic MyChart account for your child/ward. The limitations are as follows:

- **Age 0–11:** You have full access to the account of your child/ward.
- **Age 12–17:** Once your child/ward turns 12 years old, your access is automatically revoked. Minor patient's signature required for proxy.
- **Age 18 or older:** Your child/ward can sign up for his or her own ARMC Epic MyChart Portal account and provide consent for proxy access to another adult if he or she chooses.

These age range limitations do not affect any legal rights you may have to access your minor child/ ward's medical records by other means. To request a copy of the medical records for your minor child/ ward through other means, contact the Health Information Management Department.

Uses and Limitations

The ARMC Epic MyChart Portal account may include routine medical information including test results and continuity of care documents. The ARMC Epic MyChart Portal account will not include other types of information including medical information for which the child or ward's authorization is necessary before disclosure.

Permanent Legal Guardian of the Patient

- If you are a guardian, you must provide a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying your status as permanent legal guardian of the ward patient.
- Your right of access is automatically terminated if your guardianship rights are revoked.
- We are under no obligation to investigate and will not investigate the status of your guardianship rights.
- By signing this request you agree to immediately discontinue access to the ward's ARMC Epic MyChart Portal account, and notify us, if your guardianship rights have been revoked.

Please submit all guardianship information to:

Arrowhead Regional Medical Center (ARMC)
400 N. Pepper Ave. Colton, CA 92324.
Medical Records
Phone: (909) 580-0060 | Fax: (909) 580-1046

PATIENT IDENTIFICATION

ARROWHEAD REGIONAL MEDICAL CENTER
**ARMC EPIC MYCHART PROXY REQUEST
TO ACCESS MINOR PATIENT'S ACCOUNT
(ENGLISH)**



HIMALEMM

Patient's Full Name: _____

Patient's Date of Birth: _____

Patient's Last Four of Social Security Number: _____

Relationship to Patient: Parent Legal Guardian

Parent / Legal Guardian Full Name: _____

Parent / Legal Guardian Date of Birth: _____

Parent / Legal Guardian Phone: _____

Parent / Legal Guardian Address: _____

City: _____ State: _____ Zip Code: _____

Parent / Legal Guardian Email Address: _____

Proxy Age 0–11 Expiration Date: _____
Child's 12th Birthday

Proxy Acknowledgement

My signature below confirms that I understand the types, uses, and limitations of my authority to receive my child/ward's medical information pursuant to this request. I certify that I have parental rights or legal guardianship rights to access this child's medical records information. I have not been denied periods of physical placement with the child and there are no court orders or restraining orders in effect limiting my access to this child's medical records or information.

AUTHORIZING SIGNATURE (MINOR PATIENT AGE 12–17)

TIME

DATE

PROXY'S SIGNATURE (PARENT/GUARDIAN)

TIME

DATE

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