MyLifespan® Pediatric Proxy (ages 0-11years) Access Request Form	
Pa	tient Information
Patient Name (first, middle initial, last):	
Date of Birth:	
Address (street, city, state, zip):	
 the individual listed below (my child's "Pro I understand MyLifespan contains select medical record and does not reflect the complete medical record may be reque I understand and agree to abide by Mylhttps://my.lifespan.org/mychartprd/defa 	cted, limited health information† from my child's complete contents of my child's medical record. A sted directly from their Provider. Lifespan Terms and Conditions, which is displayed at hult.asp?mode=stdfile&option=termsandconditions and information I have provided above and below is true
Date:	
MyLifespan Proxy In	formation (All fields are required)
Proxy Name (first, middle initial, last):	
Date of Birth:	
Email:	
Address (street, city, state, zip):	
(continued on next page)	

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Relationship to Patient: (circle one) Parent / Legal Guardian / Other	
If Other, please specify:	
Do you have an active MyLifespan account? (circle one) Yes / No / Unknown (If you do not have an account, one will be created for you as part of this proxy request)	
I agree to abide by MyLifespan Terms and Conditions displayed at the hyperlink noted above and guidelines listed below.	
Parent/Guardian Signature:	
Date:	

Phone Number: (circle one) Mobile / Home / Work

General Guidelines

- MyLifespan should never be used for emergencies or urgent health matters; FOR ALL MEDICAL EMERGENCIES, PATIENT OR PROXY SHOULD IMMEDIATELY DIAL 911.
- MyLifespan may include current or past medications, allergies, recent diagnoses (problems), physician notes, laboratory test results, diagnostic tests (such as toxicology screens), radiology and/or pathology reports and any other health information from my medical record that is accessible in the future in MyLifespan.
- MyLifespan may also include sensitive[†] health information from the patient's medical record, which is subject to special restrictions on disclosure, such as behavioral health[†], substance use disorder[†], communicable diseases[†], HIV/AIDS[†], abortion[†], transgender services[†], genetic[†], family planning and reproductive health care information[†] of the patient.
- It is the Patient's ("You" or "Your") responsibility and your Proxy to select a confidential password, to maintain such password in a secure manner, and to change such password if Your or your Proxy believe it may have been compromised in any way. If You or your Proxy shares your or your Proxy's MyLifespan ID and password with another person, that person may improperly view Your health information.
- Your and your Proxy's activities within MyLifespan may be tracked by computer audit and
 any entries that You or your Proxy make may become part of Your medical record. You have
 the right to request an amendment to any inaccurate health information contained in
 MyLifespan by contacting your Provider. If your Provider is a Lifespan affiliated hospital,
 clinic, center or program, see "Right to Amend" online at www.lifespan.org/lifespan-summary-joint-privacy-practices.
- Access to MyLifespan is provided by Lifespan affiliates and its partners as a convenience to their patients, and they reserve the right to deactivate Your access to MyLifespan at any time for any reason. Also, You and/or your Proxy's access to any information about You may be revoked by You through a written request.
- You and/or Your authorized personal representative may obtain an electronic or paper copy of Your complete medical record from your Provider, see details online at www.lifespan.org/patients-visitors/request-medical-records.

Pediatric/Child (Age 11 or younger) Sign-up to Access MyLifespan

A parent or guardian may activate a MyLifespan account for their child to have full access to their child's (age 0-11) MyLifespan account. When the child turns age 12, the parent or guardian will have a limited view of information such as billing, scheduling, upcoming medical procedures and allergies.