

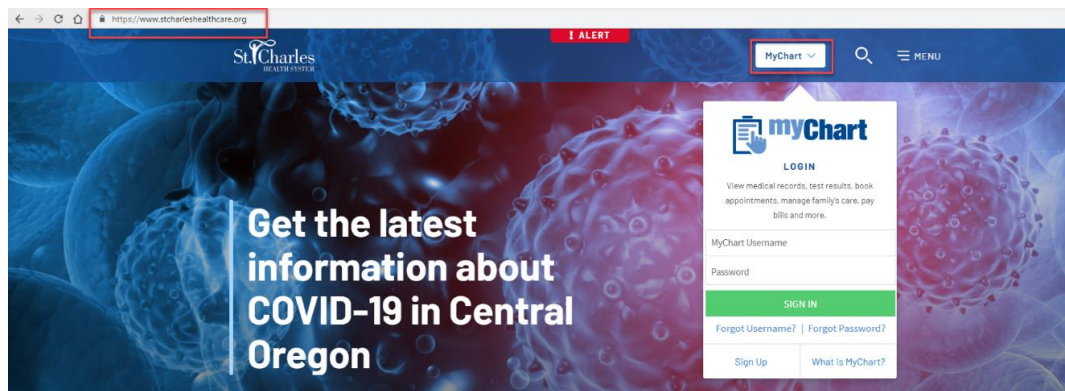
# How to Request Proxy Access for Minor

With proxy access, you as a parent or legal guardian can access your child's MyChart account. The term "proxy" means someone who has access to a MyChart account that is not their own. Proxy access can be requested electronically or via mail, even if you haven't been seen as a patient at St. Charles.

- **Proxy access for a minor ages 0 – 13:** If you are a parent or legal guardian with a St. Charles MyChart account, log in to your MyChart account and electronically request proxy access for your child's MyChart account from the MyChart Homepage. If you do not have a St. Charles MyChart account, please fill out the [Minor Proxy Access Authorization form](#) and bring it to your child's next visit or mail to the address noted on the form.
- **Proxy access for a minor ages 14 – 17:** The minor may send friends or family an invitation (from their MyChart account) to gain proxy access. From the minor's MyChart account, minor can access Health > Share My Record > Friends and family access to invite another person to view their MyChart record. If the minor hasn't created a MyChart account nor wishes to, complete a copy of the [Minor Proxy Access Authorization Form](#) and bring it to your child's next visit or mail to the address noted on the form.

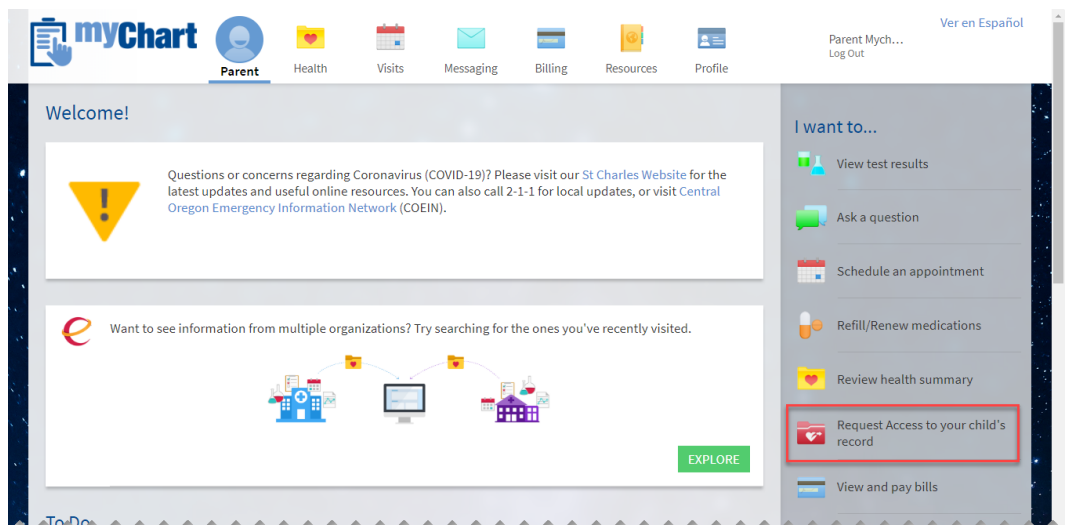
## TRY IT OUT

1. In your web browser, enter <https://www.stcharleshealthcare.org/> and click MyChart on the top toolbar. A MyChart LogIn window displays.



MyChart Login

2. Enter your MyChart username and password, and click **Sign In**.
3. On the MyChart Homepage, click **Request Access to your child's record**.



MyChart Homepage

4. Complete all fields, and click **Submit Request**.

myChart Parent Health Visits Messaging Billing Resources Profile Parent Mych... Log Out Ver en Español

### Request to Access a Minor's Record for Children Aged 0 - 13 years

Enter information about the minor to whom you are requesting access. All fields are required.

**Minor:**  
 First Name:   
 Last Name:   
 Sex:   
 DOB:

**Additional information:**  
 Your phone:   
 This minor is your:   
 If other, please specify:

I certify that I have the legal right to this minor's medical information.  
 Mark as confidential (only you will be able to view this message online).

**SUBMIT REQUEST**

*Proxy Request Page*

5. A confirmation message displays. Access will be granted within 3 business days, or St. Charles will contact you for additional information.

myChart Parent Health Visits Messaging Billing Resources Profile Parent Mych... Log Out Ver en Español

### Request to Access a Minor's Record for Children Aged 0 - 13 years

Your request has been submitted. Access will be granted within 3 business days, or we will contact you for additional information.

**REQUEST ACCESS TO ANOTHER MINOR**

**BACK TO THE HOME PAGE**

*Proxy Request Confirmation Page*