



Child Caregiver/ Proxy Form

Access to Your Child's MyChart Record

To sign up for access to your child's MyChart record, please complete both pages of this Child Proxy Form and return it to the address shown below. Please note that your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child.

You must include two forms of identification,* one of which must be a government issued ID and an additional one that is proof of your current address. Return all forms to any of the following Health Information Departments:

Hackensack University Medical Center, Health Information Department, 30 Prospect Avenue, Hackensack, NJ 07601 OR Fax: 201-489-0591;

Jersey Shore University Medical Center, Health Information Department, 1945 Route 33, Neptune, NJ 07753 OR Fax: 732 776-4692;

Bayshore Medical Center, Health Information Department, 727 North Beers Street, Holmdel, NJ 07733 OR Fax: 732 888-7332;

Ocean Medical Center, Health Information Department, 425 Jack Martin Blvd, Brick, NJ 08724 OR Fax: 732 840-9616;

Riverview Medical Center, Health Information Department, 1 Riverview Plaza, NJ 07701 OR Fax: 732 224-7210;

Southern Ocean Medical Center, Health Information Department, 1140 Route 72, Manahawkin, NJ 08050 OR Fax: 609 978-8965;

Raritan Bay Medical Center, Health Information Department, 530 New Brunswick Avenue, Perth Amboy, NJ 08861 OR Fax:732 324-4883;

Raritan Bay Medical Center, Health Information Department, One Hospital Plaza, Old Bridge, NJ 08857 OR Fax 732 360-4134.

Palisades Medical Center, Health Information Management, 7600 River Road North Bergen, NJ 07047 OR Fax: 201-854-8360

John F Kennedy Medical Center, Health Information Management, 80 James St. Edison, NJ 08820 OR Fax 732-744-5639

Please note that this form should not be used in the case of an emancipated minor. An emancipated minor should use the Adult Proxy Form. To request a paper copy of your child's record, contact the Health Information Department at Hackensack Meridian Health. Below are the following age range limitations for MyChart.

- If your child is age 0-11, you will be granted full access to your child's MyChart record.
- If your child is age 12-17, you will be granted partial access to your child's MyChart record (e.g., immunizations and allergies).
- Once your child reaches age 18, you will no longer have access to your child's MyChart record.

Parent/Guardian	Information: (All	sections required –	please print	clearly.)	
Name (last, first, middle in	nitial):	Date of Birth:			
Street Address:		City:	State:_	Zip:	
Email Address:		Home Phone	Number:		
Have you received serv	ices at a Hackensack	Meridian Health facility	?YES	_ NO	
B. Name: (last, first, middle	cess, please request are initial) Patient address if e initial) Patient address if e	nother form or print one to different from above:	from <u>www.HMHN</u>	MyChart.org.	
Date of Birth:	Patient address if	different from above:			
Plea	ase remember to read	d and complete page:	2 of this form.		

¹ In New Jersey, an "emancipated" minor is a person under the age of 18 who is: (a) is married, (b) pregnant, (c) in U.S. military service, or (d) declared emancipated by a court or administrative agency.



MyChart

Child Caregiver/ Proxy Form

Authority to obtain a child's health information (check one):

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•		's birth parent	with current cu	stody.		

old), birth certificate, marriage license or civil certificate, parent / guardian court papers, government correspondence with your name and address,

Department:

school transcript with your name and address (no more than two years old)).

For office use only: Received by:

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