



PT NAME

MR #

One Chart | Patient Minor Proxy Access Request and Authorization Form

This form is used to permit the below named proxy to view the medical record information of the below named patient via an online portal in Nebraska Medicine’s medical records system. Proxy access is controlled by Nebraska Medicine and can be revoked at any time. If approved, proxy access is visible through the proxy’s One Chart | Patient account (which includes access via an online portal, a mobile application, and an inpatient portal [Bedside]). If requesting proxy access to more than one patient, a separate form must be filled out for each request. Please allow 4 business days for processing after receipt of the completed application.

Patient (Minor) Information: (All sections required – please print clearly)

Patient (last, first, middle initial) _____

Date of Birth: _____ Last 4 Numbers of SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Is the patient currently hospitalized? Yes _____ No _____

Name of doctor or clinic visited at Nebraska Medicine (if known): _____

Proxy Information: (All sections required – please print clearly)

Proxy Name (last, first, middle initial) _____

Date of Birth: _____ Last 4 Numbers of SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Does the proxy have an active One Chart | Patient portal account? __Yes__ No

Minor Patient Proxy

Access to a minor (under the age of 19) child’s One Chart | Patient portal record. Individuals requesting access must have parental rights, legal guardianship rights, or a power of attorney for health care. My relationship to the minor is:

Select one:

Parent Is there a court order in effect that limits your access to the minor’s medical records or information?

Yes No

Legal Guardian of the Minor (with court order) or Person with Power of Attorney for the Minor’s Health Care (with current authority). Legal documentation to support the relationship must be submitted with this form. You must notify One Chart /Patient immediately of any changes in legal authority to act on behalf of a patient.

Check here if documentation is already on file.

Select one:

Minor (age 0-13): You will be granted full access to your child’s One Chart | Patient account until the child turns 13 years old. **At age 13, access will be limited to specific activities.**

Minor (age 13-19) with Limited Capacity (temporary due to illness or disability). Physician documentation required. Proxies of minors with limited capacity will have full access.

Minor (age 13-19) with Limited Capacity (permanent). Physician documentation required. Proxies of minors with limited capacity will have full access.



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PROXY ATTESTATION (parent or legal representative):

- **By signing below, I am certifying to the fact that I have legal authority as parent or with submitted documents to be proxy for the patient listed above and have all right and authority to view his/her medical information.**
- I acknowledge that it is my responsibility to keep One Chart | PATIENT and/or Bedside log-in information confidential or risk others having access to the patient's confidential information contained therein.
- I understand that One Chart | PATIENT and/or Bedside contains selected, limited medical information from a patient's medical record and that One Chart | PATIENT and/or Bedside does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from Nebraska Medicine's Health Information department.
- I understand that my activities within One Chart | PATIENT and/or Bedside may be tracked and that entries I make may become part of the patient's medical record.
- I understand that if I have knowledge that the patient's capacity or my legal authority with respect to the patient changes that I need to submit documentation to the patient's provider.
- I further agree to abide by the Terms and Conditions of use of One Chart | PATIENT and/or Bedside which I have the responsibility to review.

Signature of Parent or Legal Representative _____ Date _____

OFFICE USE ONLY:

Proxy activation by: _____

Print Full Name

Department

User #

Date

Time

Supporting documents can be submitted with this form in person at a Nebraska Medicine location, or sent by email (HIMproxy@nebraskamed.com), fax (402-559-1340) or by mail to: Nebraska Medicine, Health Information Department, 10304 Crown Point Avenue, Omaha, NE 68134-9100. Questions can be directed to: Nebraska Medicine, One Chart | Patient Support Desk, 402-559-0700.