## Instrucciones de acceso de proxy de MyChart

## Si el padre o tutor ya tiene su propio MyChart:

- 1. Inicie sesión en MyChart con su nombre de usuario y contraseña.
- 2. Vaya a Perfil y haga clic en Personalizar.

Profile		
Preferences & Info	Account Settings	
Personalize	Security Settings	
Communications		
Personal Information		
Other Preferences		

3. Haga clic en Solicitar acceso al registro de un menor.

A	re you a parent or guardian?	Request access to a minor's record.
D	o you know someone who sl	nould not have access? Request restriction to a minor's record.

4. Rellena el formulario y envíalo.

Nota: Si el paciente tiene 12 años o más, deberá imprimir el formulario de solicitud de representación.

## Si el padre o tutor aún no tiene su propio MyChart:

- 1. Ir a <a href="https://mychart.med.wmich.edu/MyChartWMED/">https://mychart.med.wmich.edu/MyChartWMED/</a> .
- 2. Haga clic en Formulario de solicitud de proxy.



3. Rellene el formulario y haga clic en enviar solicitud.

Enter information about the minor to who	im you are requesting access. All fields are required.
If you already have a MyChart account, is Health Tab.	ogin in to request access to your proxy under the "Share My Record" link in the
For children 12 years of age and older, pla	ease print out this procy request form and return it back to your provider's office.
Minor you are requesting ac	cess to:
First Name:	
Last Name:	
Sex	
DOB:	
Additional information for v Your First Name:	erification:
Your Last Name:	
Your DOB:	
Your DOB: Last four of your Social Security Number:	
Your DOB: Last four of your Social Security Number:	The need your Social Security for workying your information.
Your DOB: Last four of your Social Security Number: Sex:	The need your Social Security for werking your information.
Your DOB: Last four of your Social Security Number: Sex: Your phone:	The next pair local locarity for writing pair information.
Your DOB: Last four of your Social Security Number: Sex: Your phone:	The need your facial Security for werkying your information.
Your DOB: Last four of your Social Security Humber: Sex Your phone: Your Email Address:	The need your Social Security for work/ying your information.
Your DOB: Last four of your Social Security Humber: Sex: Your phone: Your Email Address: This minor is your;	The need your Social Security for workying your information.
Your DOB: Last four of your Social Security Humber; Sex: Your phone: Your Email Address: This minor is your; Hf other, please specify:	The need your social locarity for workjung your information.

For children 12 years of age and older, please print out this proxy request form and return it back to your provider's office.