Montefiore MYCHART

Montefiore MyChart Proxy Access

Proxy Access Request Workflow

Parents, Guardians, and Caregivers will access the online request forms by following the steps below:

1. Log in to MyChart. Click on "Menu" and then "Sharing Hub".



2. Click on "Family and close friends".





5. Proxy Access Request form will open. 5a. Parent or Guardian Proxy Access Request form will open. Complete all the required information:

Parent or Guardian Proxy Access Request Form

If you are a parent or legal guardian of a minor under 18 years of age, please provide the following information to request Proxy Access to their account. See sidebar instructions for capabilities and instructions.

*Starred fields are required.

Patient Name

* First name		
Middle initial		
Last name		

Patient Date of Birth

*Date of birth (mm/dd/yyyy)

Patient Address

* Street Address

* City

* State

*Zip Code

What is Parent or Guardian Proxy Access?

Parent or Guardian Proxy access allows parents and legal guardians of minors to help manage the child's health by scheduling appointments, messaging doctors, and managing medications on the patient's behalf.

Age 0-11: You will be granted full access to your child's account.

Age 12-17: You will be granted limited access to your child's account. You will be able to request an appointment but not view medical information.

Age 18 and above: You will no longer have access to your child's account.

Need Help?

Contact your MyChart Help Desk at 855-226-3070 if you do not remember information required in this form.

Need Caregiver Proxy Access Instead?

If you need to request Proxy Access for someone with diminished capacity 12 years or older, please use the Caregiver Proxy Access form instead.

Request access

5b. Caregiver Proxy Access Request form will open. Complete all the required information:

• Please Note: For patients with diminished capacity, you will be granted full access to the patient's Montefiore MyChart account, regardless of age, for the duration as specified by the patient's physician.

Caregiver Proxy Access Request Form

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Patient Name By requesting Proceedings of the second secon	xy Account Access, an official by scheduling appointments,
* First name the patient's beha	s, and managing medications on alf.
Middle initial	
*Last name Need Help?	
Patient Date of Birth Contact your MyCl you do not remem form.	hart Help Desk at 855-226-3070 if nber information required in this
* Date of birth (mm/dd/yyyy) Need Parent Access Inste	t or Guardian Proxy ad?
Patient Address	Request access
* Street Address	
*City Watch to Lea	arn
* State	
*Zip Code	
Relationship with Patient	2 A 42 1

6. Read and acknowledge the Proxy Terms and Conditions. Click "Submit Request" at the bottom of the page.

Proxy Terms and Conditions

Patients can give another person the right to see their medical record. Proxy access gives you, the proxy (i.e. parent, legal guardian, or other elected adult) the ability to view the patient's medical record information.

Read full Terms and Conditions here

I acknowledge that I have read, understand, and agree to the terms contained within this Montefiore MyChart Proxy Authorization Form for a Child or Patient with Diminished Capacity

Please allow up to 7 business days for our staff to process this request. They will contact you by MyChart message with any follow-up.

Submit Request

*** Once submitted please be advised it can take up to 7 business days for processing. You will receive a MyChart message once the request has been processed **