SANF#RD

My Sanford Chart

Child Proxy Form

Access to Your Child's My Sanford Chart Account

To sign up for access to your child's My Sanford Chart account, please complete both pages of this Child Proxy Form and bring it with you to your next clinic visit or mail it to the nearest address shown below. Please note that your child's information will be accessed through your My Sanford Chart account. Completing this form will establish a My Sanford Chart account for you and for your child.

Return forms to: Sanford: 900 East 48th Street North; Sioux Falls, SD 57104, or

Sanford: Attention: Release of Information; P.O. Box 2010; Fargo, ND 58122-0007

Name (last, first, middle initial)				
Last 4 Digits of Social Security Numb	ber: D	Date of Birth:		
Street Address:	City:	State:	Zip:	
Email Address:	P	hone Number:		
Primary Physician:				
lease note the following age range limitatio	ons for My Sanford Chart. Thes	e age range limitations o	do not affect any legal	
ight you have to access your child's record				
 If your child is age 0-11: You will b If your child is age 12-17: You will 				
(e.g., immunizations, allergies, appo		_ ·	a Chart account.	
• Once your child reaches age 18 , you			Chart account.	
lease provide the following informatio	on for each child: (All fields ar	e required. If you have	more than four childre	
icase brovide the following informatio		c reduired. If you have		
or whom you would like proxy access, pleas		1		
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My Sanford Chart

Child Proxy Form (page 2)

My Sanford Chart Terms and Agreement

- I acknowledge and agree that while My Sanford Chart contains a "Message Center" for patients age 18 and older, such messaging shall not be used for medical emergencies. Rather, I will call 911 in the event of a medical emergency.
- I understand that My Sanford Chart is intended as a secure online source of confidential medical information. If I share my My Sanford Chart ID and password with another person, that person may be able to view my health information or my child's health information, and health information about someone who has authorized me as a My Sanford Chart proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that My Sanford Chart contains selected, limited medical information from a patient's medical record and that My Sanford Chart 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.
- I understand that my activities within My Sanford Chart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to My Sanford Chart is provided by Sanford as a convenience to its patients and that Sanford has the right to deactivate access to My Sanford Chart at any time for any reason. I understand that use of My Sanford Chart is voluntary and I am not required to use My Sanford Chart or to authorize a My Sanford Chart proxy.
- By signing below, I acknowledge that I have read and understand this My Sanford Chart Sign-Up Form and I agree to its terms.

Signature of Parent/Guardian	Relationship to Patient	Date	
	/	/	