



Orange City Area
Health System

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 record, please complete both pages of this Child Proxy Form. This form may be completed at any Orange City Area Health System Clinic when you are able to sign in the presence of a Orange City Area Health System employee. You may also mail us a notarized copy of this form. A notary is a person with a special license to witness your signature. Mail your notarized form to: Orange City Area Health System Patient Access, 1000 Lincoln Circle SE, Orange City, IA 51041.

Parent/Guardian Information: (All sections required - please print clearly).

Name (*last, first, middle initial*): _____
 Last 4 Digits of Social Security Number: _____ Date of Birth: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____ Phone Number: _____
 Primary Physician: _____

Please provide the following information for each child: (All fields are required. If you have more than four children for whom you would like proxy access, please request another form).

- A. Name (*last, first, middle initial*): _____
 Last 4 Digits of Social Security Number: _____ Date of Birth: _____
 Primary Physician: _____
- B. Name (*last, first, middle initial*): _____
 Last 4 Digits of Social Security Number: _____ Date of Birth: _____
 Primary Physician: _____
- C. Name (*last, first, middle initial*): _____
 Last 4 Digits of Social Security Number: _____ Date of Birth: _____
 Primary Physician: _____
- D. Name (*last, first, middle initial*): _____
 Last 4 Digits of Social Security Number: _____ Date of Birth: _____
 Primary Physician: _____

Please remember to complete page 2 of this form



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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 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.
- I understand once my child reaches age 18, I will no longer have access to my child’s My Sanford Chart account. My access may also be deactivated when confidential care has been provided, when my parental rights have been restricted, or when required by law.
- 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/Time