

# Child Caregiver/Proxy Form



MyChart

Austin Regional Clinic

- Fill out this form if the parent or guardian of the child is not an ARC patient and does not have an active ARC MyChart account. Please see instructions below.
- If the parent or guardian **already has an active ARC MyChart account**, visit [ARCmychartproxy.com](http://ARCmychartproxy.com) for guided online instructions.

## INSTRUCTIONS:

Follow the three easy steps below and return the completed form to the front desk at your ARC clinic or to an ARC Care Team member during your child's visit. Completing this form will establish an ARC MyChart Child Caregiver (proxy) account for your child.

## 1. Complete Parent/Guardian Information

**PARENT/GUARDIAN INFORMATION: \*\*\*ALL FIELDS REQUIRED\*\*\*** Please print clearly.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Sex:  M  F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please provide the following information for each child. If you have more than three children for whom you would like child caregiver access, please request another form or download the MyChart Child Caregiver Form found on the ARC website at [ARCmychartproxy.com](http://ARCmychartproxy.com).

## 2. Complete Child Information

**CHILD INFORMATION: \*\*\*ALL FIELDS REQUIRED\*\*\*** Please print clearly.

Name (last, first, middle initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary ARC Clinic: \_\_\_\_\_ Patient MRN (acquire at clinic): \_\_\_\_\_  
Name (last, first, middle initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary ARC Clinic: \_\_\_\_\_ Patient MRN (acquire at clinic): \_\_\_\_\_  
Name (last, first, middle initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary ARC Clinic: \_\_\_\_\_ Patient MRN (acquire at clinic): \_\_\_\_\_

## 3. Affirm Your Identity

By signing below, I hereby affirm I am the Parent/Guardian identified above. I understand that I may be subject to penalties under law for submitting false or misleading information in connection with this application to access the MyChart service. I acknowledge that I have read and understand this MyChart Child Caregiver Form and I agree to its terms.

Signature of Parent/Guardian

Relationship to Patient

Date

*Guardians may need to provide appropriate paperwork before proxy is granted.*

**Effective September 1, 2025**, Texas Senate Bill 1188 requires that health care providers give parents (and managing conservators or guardians) complete and unrestricted access to a minor's electronic health record immediately, unless access to all or part of the record is restricted under state or federal law or by a court order.

All individuals with caregiver access have the right to request full records, including communication between other caregivers and the patient's care team by completing a Release of Information (ROI) request.

**FOR CLINIC USE ONLY:** Please sign and date processed forms prior to forwarding to ARC Central Scanning Department

Entered By: \_\_\_\_\_ Clinic Location: \_\_\_\_\_ Proxy Activation Date: \_\_\_\_\_