

**MYNM MINOR PROXY FORM**  
**Request for MyNM Proxy (Full Access) for a Minor Patient Age 0-11**

The purpose of this form is to request Northwestern Memorial HealthCare and its affiliates ("NM") provide me access to the protected health information ("health information") of a minor age 0-11 via MyNM. **This access is only permitted for parents or individuals with legal guardianship.**

A proxy can:

- View health information about the patient in MyNM, including diagnoses, medications, allergies, health history, treatment plans, test results, clinical notes, discharge instructions and After Visit Summaries
- Request medication refills
- Request, schedule and manage appointments
- Send secure messages to the patient's care team
- Utilize new functionality that may become available through MyNM in the future

Health information in MyNM is obtained from the patient's electronic medical record and may include health information from NM affiliates and other healthcare providers.

Once activated, the proxy will access the minor patient's digital health information through their own MyNM account. All MyNM users must read and agree to the NM Digital Services Terms and Conditions prior to use.

**Proxy Information** *(This is the parent or guardian who will be granted access to the minor patient's health information)*

First Name	Last Name	Date of Birth	
Street Address	City	State	ZIP
Phone Number	Email Address		

**Does the proxy already have a MyNM account?** (select one):  Yes  No  Unsure

**Minor Patient Information** *(This is the minor patient whose health information will be made available to the proxy)*

First Name	Last Name	Date of Birth
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Check here if the minor's address and phone number is the same as that provided for the proxy above

If the minor's address is different from above, please complete below:

Street Address	City	State	ZIP
Phone Number			

**Proxy Relationship to Minor Patient:**  Parent  Legal Guardian\*

*\*Legal documents may be required. Please attach documentation if you are submitting by mail, fax, or email.*

Proxy access can be revoked by calling the MyNM Help Desk at 855.HLP.MYNM (855.457.6966) TTY 711. Otherwise, full proxy access will convert to limited access when the patient reaches age 12 in compliance with state privacy laws. Limited proxy access will expire when the patient reaches age 18.

To submit your request, provide this form to your NM physician's office or:

1. Email it to [himmedrc@nm.org](mailto:himmedrc@nm.org)
2. Fax it to 312.926.6153
3. Mail it to ATTN: Data Integrity, 676 North Saint Clair Street, Suite 1840, Chicago, IL 60611