

The purpose of this form is to request proxy to your child’s laboratory result if they are under the age of 14. For individuals aged 14 to 17 years, consult the legal provisions outlined in HRS 577A-1 and HRS 577A-2, Legal Capacity of Minor Regarding Medical Care.

To access your child’s laboratory results, the parent or legal guardian is required to possess an active MyDLSChart account. Without such an active account, the proxy request cannot be granted. If a proxy is granted, the proxy access is authorized until the child’s 14th birthday, thereafter, the proxy link will be disconnected. (See HRS 577A-1 and HRS 577A-2, Legal Capacity of Minor Regarding Medical Care.)

PSC: User ID: \_\_\_\_\_  
 Loc \_\_\_\_\_  
 (Fwd to Client Services: Copies of ID, both sides of Birth Certificate, and/or POA with Forms)

Client Services  
 Date Received:  
 Request Verified By:  
 Date Processed/Initials:

Please review the proxy tables for required documents. Completed forms and documents can be submitted in the following ways: upload to MyDLSChart, email to help@mydlschart.com, or mail to Diagnostic Laboratory Services, Inc., Client Services Department, 99-859 Iwaiwa Street, Aiea, HI 96701.

For a <b>parent</b> requesting proxy, submit the following documents:	For a <b>legal guardian</b> requesting proxy, submit the following documents:
1. Valid Government Issued Photo ID	1. Valid Government Issued Photo ID
2. Selfie of parent holding the same valid ID	2. Selfie of legal guardian holding the same valid ID
3. Child’s birth certificate (front)	3. Proof of legal guardianship
4. Child’s birth certificate (back)	4. Completed FORM 3-CA (two pages)
5. Completed FORM 3-CA (two pages)	

**Parent/Legal Guardian and Child’s Information:** Completion of all sections is required. Forms that are incomplete will not be processed, and any forms received without the necessary information will be securely disposed of. Should you seek proxy access for multiple children, kindly submit a separate Form 3-CA for each child.

*Parent/Legal Guardian*

**Name** (*last, first, M.I.*): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

*Child*

**Name** (*last, first, M.I.*): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

## MyDLSChart Agreement

As a parent/guardian proxy, I understand that:

- MyDLSChart is intended as a secure online source of confidential medical information.
- MyDLSChart is not to be used in an emergency.
- The use of MyDLSChart is voluntary and I am not required to use MyDLSChart.
- 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. If I share my MyDLSChart ID and password with another person, that person may be able to view my or my child's health information, as well as information about any individual who has authorized me as a MyDLSChart proxy.
- If I am authorized for proxy access to another person's laboratory report, I must log into my own MyDLSChart account and click on "View Other Records" to access my child's laboratory report online.
- My activities within MyDLSChart may be tracked by computer audit and that entries I make may become part of the medical record.
- Access to MyDLSChart is provided by Diagnostic Laboratory Services, Inc. (DLS) as a convenience to its patients. DLS has the right to deactivate access to MyDLSChart at any time for any reason.

By signing below, I agree to abide by the terms and conditions on the MyDLSChart site. These Terms and Conditions are also viewable within MyDLSChart.

---

Parent/Legal Guardian Signature (Required)

---

Date (Required)