MyChart Parental Access Information Sheet

Patient Under 12 Years of Age

Southcoast recognizes that the parent or legal guardian of a Southcoast patient who is a child under 12 years of age may access the patient's medical records online via MyChart.

A parent/legal guardian seeking access to a Southcoast patient's medical record online through MyChart by submitting a **MyChart Parental Access Authorization Form: Patient Under 12 Years of Age** must adhere to the following conditions:

- + Parent or individual requesting access must have legal guardianship rights.
- + MyChart Parental Access Authorization Form: Patient Under 12 Years of Age must be completed and signed (the consent of only one parent is required).
- + Parent/legal guardian must log into MyChart with their own User ID and Password.
- + Communications on behalf of a patient must be sent from the patient's MyChart record and responses will be received in the patient's MyChart record.
- Upon Southcoast's receipt and approval of the MyChart Parental Access Authorization Form: Patient Under 12 Years of Age, the parent/legal guardian shall receive the MyChart account information for their child in order to be able to communicate on behalf of the patient.
- + Parent/legal guardian must agree to abide by the terms and conditions of the MyChart site.
- + When the patient turns 12 years old, access will be automatically defaulted to limited access to protect the privacy rights of 12-17 year olds.
- + Parent/legal guardian access shall be revoked if any disputes involving parents, legal guardians or children cannot be resolved.
- + MyChart is not to be used in an emergency.

Parents/legal guardians with a MyChart Account will receive a MyChart message when access to the patient's record becomes available, typically 5 to 7 business days following receipt of a completed authorization form. A parent/legal guardian without an account must create and activate one within 60 days after receiving a MyChart activation letter following receipt of the completed Parental Access Authorization Form: Patient Under 12 Years of Age.

Note: Access to the online record of a patient under 12 years of age is only available to birth/adoptive parents or individuals with legal guardianship, and shall be restricted in accordance with applicable laws. A separate application is required for each child.

MyChart Parental Access Application

MRN:

Patient Under 12 Years of Age Access to the Southcoast Health Electronic Medical Record

Please PRINT (except signature) and provide complete information in each section.

Patient's full legal name				Date of Birth		Gender
Mailing address		City			State	Zip Code
Phone						
Please print Parent/Lega	al Guardian Inform	ation:				
Parent/Guardian's full legal	name			Date of Birth	Phone	
Relationship to Patient: _	Birth Parent	Adoptive Parent	Lega	l Guardian		
Mailing address		City			State	Zip Code
Email Address (optional): _						
Optional: Second Parent/I If applicable, please print s	•	Guardian Information:				
Parent/Guardian's full legal	name			Date of Birth	Phone	
Relationship to Patient: _	Birth Parent	Adoptive Parent	Lega	l Guardian		
Mailing address		City			State	Zip Code
Email Address (optional): _						
Information Sheet: Patient I child's medical information	Under 12 Years of Ag online. I certify that I	d, understand, and agree to ge, as well as any additional am the parent or legal guard equest access to my child's	requirem	ents and proce e child listed ab	dures for acc	cessing my
Parent/Legal Guardian Sigr	nature			Date		
Optional: Second Parer	nt/Legal Guardian					
Parent/Legal Guardian Sigr	nature			Date		
Southcoast reserves the rig completion of this form as a		ccess to medical information or treatment.	n at any t	ime. Southcoas	t does not re	quire
		ealth Information Managem 210, Fairhaven, MA 02719	ent Dept.			
Email completed form						
Fax completed form to:	508-973-3690					
Questions: 508-973-3700						

