

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/Legal Guardian** Information:

Parent/Guardian's full legal name Date of Birth Phone

Relationship to Patient: ____ Birth Parent ____ Adoptive Parent ____ Legal Guardian

Mailing address City State Zip Code

Email Address (optional): _____

Optional: Second Parent/Legal Guardian

If applicable, please print second Parent/Legal Guardian Information:

Parent/Guardian's full legal name Date of Birth Phone

Relationship to Patient: ____ Birth Parent ____ Adoptive Parent ____ Legal Guardian

Mailing address City State Zip Code

Email Address (optional): _____

By signing below, I acknowledge that I have read, understand, and agree to the terms of the MyChart Parental Access Information Sheet: Patient Under 12 Years of Age, as well as any additional requirements and procedures for accessing my child's medical information online. I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to my child's MyChart online record.

Parent/Legal Guardian Signature Date

Optional: Second Parent/Legal Guardian

Parent/Legal Guardian Signature Date

Southcoast reserves the right to revoke online access to medical information at any time.
Southcoast does not require completion of this form as a condition of evaluation or treatment.

Internal use only:

Verified and access entered by _____ Date _____