

MyChart Parental Access Information Sheet

Patient 12 to 17 Years of Age

Southcoast recognizes that the parent or legal guardian of a Southcoast patient who is a child 12 to 17 years of age may have limited proxy access to the patient's medical records online via MyChart. Southcoast further recognizes that a patient who is a child 12 to 17 years of age may access their own medical records online via MyChart without the consent of a parent or legal guardian.

Parents/legal guardians seeking proxy access to a Southcoast patient's medical record online through MyChart by submitting a **MyChart Parental Access Authorization Form: Patient 12 to 17 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 12 to 17 Years of Age must be completed and signed (the signature of only one parent is required).
- + Parent/legal guardian must log into MyChart with their own User ID and Password if they request access to their child's MyChart online record.
- + Communications between a provider and the patient must be sent from the patient's MyChart record and will never be made available to a parent or legal guardian through proxy access to the patient's MyChart record.
- + Parent/legal guardian must agree to abide by the terms and conditions of the MyChart site if they request access to their child's MyChart online record.
- + **MyChart is not to be used in an emergency.**

Due to privacy laws that provide heightened confidentiality for certain types of medical information with patients 12-17 years of age, the parent/legal guardian proxy access for this age group is restricted to the following:

- + Allergies;
- + Immunization records;
- + Growth charts;
- + Family history;
- + Insurance coverage information that does not include any claims-specific information; and
- + Scheduling appointments.

Parent /legal guardian proxy access to a patient's record is revoked when:

- + Patient turns 18 years old.
- + Patient advises Southcoast of his/her emancipated status.
- + Any disputes involving parents, legal guardians or children cannot be resolved.

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.

Note: Proxy access to the online record of a patient who is a child 12 to 17 years of age is only available to birth/adoptive parents or individuals with legal guardianship, and is restricted in accordance with applicable laws. A separate authorization form is required for each child.

MyChart Parental Access Application

MRN: _____

Parent of Patient 12 – 17 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

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, 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 this MyChart Parental Access Application and the MyChart Parental Access Information Sheet: Patient 12 to 17 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 acknowledge that, pursuant to my signature below, my child may have access to medical information online through MyChart regardless of whether I request access to such information through MyChart below. Further, I acknowledge that my access to my child's medical information in MyChart will be restricted to the types of medical information listed on this Application in accordance with applicable laws.

I hereby request access to my child's MyChart online record. Please contact me at the email/ mailing address above to establish MyChart access.

(Please initial): Yes _____ No _____

Parent/Legal Guardian Signature

Date

MyChart Parental Access Application

Parent of Patient 12 – 17 Years of Age Access to the Southcoast Health Electronic Medical Record

Optional: Second Parent/Legal Guardian

I hereby request access to my child's MyChart online record. Please contact me at the email/ mailing address above to establish MyChart access.

(Please initial): Yes ____ No ____

Parent/Legal Guardian Signature

Date

To be completed by the PATIENT:

I hereby agree to allow my parent/legal guardian, named above, online access through MyChart to my medical information currently available and that may become available as a result of future medical care. I understand that MyChart will not display medically sensitive information to my parent/legal guardian, and that my parent/legal guardian will only be given proxy access through their MyChart account to information related to my allergies, immunization records, growth charts, family history, and a description of my insurance coverage that does not include any visit-specific or similar claims information.

I understand that my parent will not be provided full proxy access to my medical information, but that my parent may still access certain protected information – with my consent if required under applicable law – by contacting Southcoast's Health Information Management Department as set forth below.

Signing this authorization allows me to obtain an activation code to review my patient information in MyChart.

Patient Email Address

Patient 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.

Mail completed form to: Southcoast Health, Health Information Management Department
Release of Information/MyChart, 200 Mill Road, Suite 210, Fairhaven, MA 02719

Fax completed form to: 508-973-3690

Questions: 508-973-3700

Internal use only:

Verified and access entered by _____

Date _____