

## Parent/Legal Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old

### Requirements and Procedures

Under State and Federal law there are certain types of medical information that the parent or guardian of a minor patient age 12-17 may not view without consent of the minor patient. Because of these requirements, a parent or legal guardian may access the online MyChart record of a patient 12-17 years old only with the patient's consent. Both the child aged 12-17 and the parent/legal guardian must sign this form.

### Requirements for accessing a child's record:

- ▷ Birth parent or individual requesting access must have legal guardianship rights
- ▷ Parental authorization form must be completed and signed
- ▷ Each parent or individual requesting access must have their own MyChart account or a MyChart account will be established for them

### I understand that:

- ▷ I must have an Edward-Elmhurst Health MyChart account or an account will be established for me
- ▷ I must log in to MyChart with my own User ID & Password
- ▷ I must click on 'View Other Records' to access my child's medical information
- ▷ I agree to abide by the terms and conditions of the Edward-Elmhurst Health MyChart site
- ▷ **MyChart is not to be used in an emergency**

### Birth Parent/Legal Guardian access to a child's record is revoked when:

- ▷ Birth parent/legal guardian or child submits a request or revokes online
- ▷ Child turns 18 years old
- ▷ Child advises Edward of his/her emancipated status
- ▷ Parent/parent or parent/child access disputes cannot be resolved

**Edward-Elmhurst Health reserves the right to revoke online access to medical information at any time.**

### MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or my child's health information, and health information about someone who has authorized me as a MyChart proxy.
- I agree that 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.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from the patient's clinic.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by Edward-Elmhurst Health as a convenience to its patients and that Edward-Elmhurst Health has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- I understand that even though I may only be a patient of Edward Hospital and Health Services, Elmhurst Memorial or DuPage Medical Group, my health information will be shared with the other provider as both providers jointly share MyChart.

By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

## Parent/Legal Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old Authorization Form

### Please enter Patient's information below:

Name (last, first, middle initial) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Address/City/State/Zip: \_\_\_\_\_

To be notified when new messages about the patient's care are sent to MyChart,  
please list an email address: \_\_\_\_\_ Patient's PCP: \_\_\_\_\_  
Patient's Primary Care Physician

### Please enter Parent/Legal Guardian information below:

Name (last, first, middle initial) \_\_\_\_\_

Last 4 Digits of Social Security Number<sup>(optional)</sup> \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone number on file: \_\_\_\_\_

Relationship to patient: \_\_\_ Parent \_\_\_ Legal Guardian \_\_\_ Other (Please specify: \_\_\_\_\_)

**Note: Access to patient's online record is only available to parents or individuals with legal guardianship.**

I have read and understand the requirements and procedures for accessing my child's medical record information online as provided on page one of this document titled, Parent/Legal Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old. 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 online record.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

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### For Patient (12-17 years of age)

**I agree to allow my parent/legal guardian, named above, online access to my medical information currently available and that may become available as a result of future medical care. I understand this authorization expires on the date I turn 18 years old and that I may revoke this access at any time.**

I understand that the following items may be disclosed along with other health information in my medical record: HIV/AIDS related health information and/or records, behavioral or mental health information and/or records, information about sexually transmitted disease (STD), pregnancy, birth control, drugs/alcohol diagnosis, treatment, and/or referral information, genetic testing information and/or records, information about sexual assault/abuse, information about child abuse and neglect, and domestic abuse of an adult with a disability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
**Print Name Clearly**

\_\_\_\_\_  
Date

\_\_\_\_\_  
EEH Employee Signature / Employee ID #

\_\_\_\_\_  
**Print Name Clearly**

\_\_\_\_\_  
Relationship to Patient