

## Parental Access to the Online Medical Record of a Patient 13 to 17 Years Old Requirements and Procedures

For adolescent children who are 13-17 years old, a birth parent or legal guardian can access the online medical record with the child's consent. With the consent of a parent or legal guardian, children 13-17 years old can access their own online record.

Requirements for accessing a child's record:

- Birth parent or individual requesting access must have legal guardianship rights
- Parent and child must present at the Health Information Management customer service window located in the Hospital Pavilion, 1<sup>st</sup> floor to confirm identification
- 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 a MyChart account or an account will be established for me
- I must log in to MyChart with my own User ID & Password
- I agree to abide by the terms and conditions of the MyChart site
- **MyChart is not to be used in an emergency and message responses may take up to 48 hours.**

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 Anne Arundel Health System, in writing, of his/her emancipated status
- Parent/parent or parent/child access disputes cannot be resolved

If all parent/legal guardian access to online medical information is revoked, the child's MyChart access will also be revoked. Anne Arundel Health System reserves the right to revoke online access to medical information at any time.

If messaging options are available in MyChart, communications on behalf of your child must be sent from the patient's record and responses will be received in the patient's record. MyChart email alerts will be sent to the email address entered in the child's MyChart record.

When signed into another person's online medical record, the tab and background on the MyChart screen change to a different color. This will serve as a visual indication that you are in the proper record. The patient's name will also be displayed on the tab.

If you already have a MyChart account, you will receive a MyChart message when access to the patient's record becomes available, typically 5 to 7 business days after completed authorization form is received.

If you do not have a MyChart account, you will receive a MyChart Activation Letter with instructions on how to create one. Please promptly activate your account as the activation code will expire after 60 days.



## Parental Access to the Online Medical Record of a Patient 13 to 17 Years Old Parental Authorization Form

Please enter **Child's** information below:

Child's Name: \_\_\_\_\_ Social Security # (last four): \_\_\_\_\_  
(required for activation)

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

Please enter **Birth Parent/Legal Guardian** information below:

Name: \_\_\_\_\_ Social Security # (last four): \_\_\_\_\_  
(required for activation)

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

Former Name(s) - e.g. maiden name \_\_\_\_\_

Relationship to patient:  Birth parent  Adoptive parent  Legal guardian  Other \_\_\_\_\_

**Note: Access to child's online record is only available to birth/adoptive parents or individuals with legal guardianship.**

Do you (parent/legal guardian) have an active MyChart account?  Yes  No  I don't know

**I would like to receive the MyChart activation code via (select one):**

Email: \_\_\_\_\_  Mail: \_\_\_\_\_

**I would like to be notified via email when new messages about my child's care are sent to MyChart (select one):**

Yes (Email: \_\_\_\_\_)  No

As a parent, you can request your child to have access to his/her online medical record. I am requesting that my child have access to their online medical record:  Yes  No  
(Note: If yes, complete required signatures on the next page.)

**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, Parental Access to the Online Medical Record of a Patient 13 to 17 Years Old. I certify that I am the birth 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.**

\_\_\_\_\_  
Birth parent/Legal guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**I agree to allow my birth 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 I may revoke this access at any time.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

# Parental Access to the Online Medical Record of a Patient 13 to 17 Years Old

## **Patient:**

As the patient, I understand that:

- I have a MyChart account or an account will be established for me
- I must log in to MyChart with my own User ID & Password
- To protect the privacy of my health information, I will not share my User ID and Password with anyone
- To have MyChart access for myself, I must consent to at least one parent/legal guardian having MyChart access to my account
- I agree to abide by the terms and conditions on the MyChart site
- When I turn 18, parent/legal guardian access will be terminated
- **I recognize that MyChart is not to be used in an emergency.**

**I have read and understand the requirements and procedures for accessing my medical record information online as provided on page 1 of this document titled, Parental Access to the Online Medical Record of a Patient 13 to 17 Years Old. I hereby request access to my online medical record.**

**I agree to allow my birth 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 I may revoke this access at any time.**

_____	_____	_____
Patient Signature	Date	Time
_____	_____	_____
Witness Signature	Date	Time

## **Birth Parent/Legal Guardian:**

**I agree to allow my child, named above, access to his/her medical information through MyChart. I understand I may revoke this access at any time. I certify that I am the birth parent/legal guardian of the child identified above.**

_____	_____	_____
Birth parent/Legal guardian Signature	Date	Time
_____	_____	_____
Witness Signature	Date	Time

### **Return MyChart Activation Request forms in person at:**

Anne Arundel Medical Center  
Hospital Pavilion, 1<sup>st</sup> Floor  
2001 Medical Parkway  
Annapolis, MD 21401