



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

PATIENT ID LABEL

### 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.

#### 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 on the 1st floor of the hospital 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 into 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 Luminis Health, in writing, of his/her emancipated status
- Parent/parent or parent/child access disputes cannot be resolved

Patient's access to online medical information is revoked when all parent/legal guardian access is revoked. Luminis Health 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 notifications 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 changes 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 have a MyChart account, you will receive a MyChart message when access to the patient's record is available, typically less than 3 business days after completed authorization form is received.

If you do not have a MyChart account, please visit [www.luminishealth.org](http://www.luminishealth.org) 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**

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Please enter **Teen's** information:

Teen's Name: \_\_\_\_\_ Social Security # (last four): \_\_\_\_\_  
(optional)  
Date of Birth: \_\_\_\_\_ Gender:  Male  Female

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

Name: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ 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 teen's online record is only available to birth 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 teen's care are sent to MyChart (select one):**

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

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



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

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**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.**

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Patient Signature

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Date

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Time

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Witness Signature

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Date

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Time

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

Health Information Management (MyChart)  
Anne Arundel Medical Center  
2001 Medical Parkway  
Annapolis, MD 21401

Health Information Management (MyChart)  
Doctors Community Medical Center  
8118 Good Luck Rd.  
Lanham, MD 2070