



## Parental Access to the Online Medical Record of a Child Under 13 Years Old

PATIENT ID LABEL

### REQUIREMENTS AND PROCEDURES

Birth parents or legal guardians can access the online medical record for their children who are under 13 years old.

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

- Birth/adoptive 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 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
- When my child turns 13 years old, access automatically changes from Child Access to Adolescent Access.
- **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 your child's record and responses will be received in your child's record. MyChart notifications will be sent to the email address entered in the child's 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 patient's record. The person'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.



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Child Under 13 Years Old**

PATIENT ID LABEL

Please enter **Child'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 child's online record is only available to birth parents or individuals with legal guardianship.**

Do you (caregiver) 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 the patient'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 Child Under 13 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

**Return Parental Authorization form in the enclosed envelope or mail to:**

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