

Parental Access to the Online Medical Record of a Patient 14 to 17 Years Old

Online Submission Requirements and Procedures

Birth/adoptive parents or legal guardians can access the online medical record for their children who are 14-17 years old by completing this online form. There are three options for viewing the online medical record: MyChart, a website accessible through the Internet, or via mobile app downloadable from iTunes or Google Play, and MyChart Bedside, a tablet mobile app available during some hospital stays. Please complete the form, print the form, sign and mail or fax to the address listed.

For children who are 14-17 years old, a birth/adoptive parent or legal guardian can access the online medical record with the child's consent. With the consent of a birth/adoptive parent or legal guardian, children 14-17 years old can access their own online record.

Requirements for accessing a child's record:

- Birth/Adoptive parent
- Legal Guardian with proof of legal guardianship
- Parental Authorization Form must be completed in all required areas, signed and mailed or faxed to the address on the bottom of the form
- Each parent or individual requesting access must have or register for their own patient portal account. If using MyChart Bedside, each parent or individual requesting access must set up MyChart Bedside account with staff.

I understand that:

- I must have a MyChart (Powered by Geisinger) account or an account will be established for me
- To use MyChart, I must log in or register with my own Username & Password
- I agree to abide by the terms and conditions of the suite of patient portal products (e.g. MyChart, MyChart Bedside)
- **The suite of patient portal products are not to be used in an emergency**

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

- Birth/Adoptive parent, legal guardian, or child submits a request or revokes online
- Child turns 18 years old
- Child advises health care organization of his/her emancipated status
- Parental or child access disputes cannot be resolved

If all birth/adoptive parent or legal guardian access to online medical information is revoked, the child's patient portal access will also be revoked. Your health care organization reserves the right to revoke online access to medical information at any time.

Communications on behalf of your child must be sent from your child's record and responses will be received in your child's record. Email alerts will be sent to the email address entered in the child's record.

Each record that you have been granted access to will display at the top of the home screen. When you are signed into another person's online record, the background will change, indicating you are no longer in your own record. Additionally, a banner at the top of the page confirms that you are in Family Access view.

If you already have a patient portal account, you will receive a 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 patient portal account, you will receive an Activation Letter with instructions on how to create one. If you do not activate your account within 60 days after receiving your Activation Letter, your child's account will be inactivated. Please promptly activate your account.

If you are requesting access to view the patient's information in MyChart Bedside, the authorization will be processed in 1-2 business days after the completed authorization form is received.

Part I: Parental Authorization Form

Child Information

Child Name:

Child Address

Street:

City:

State:

Zip:

Child Medical Record #:

Child Date of Birth:

Requestor (Birth/Adoptive Parent or Legal Guardian) Information

Note: Access to a child's online record is only available to birth/adoptive parents or legal guardians. If you are not a patient, a medical record number will be created for you. To minimize duplicate records, please provide any former names you may have used previously.

Please indicate your relationship to the child by selecting one of the following:

Birth/Adoptive Parent

-or-

Legal Guardian (Please attach proof of legal guardianship to avoid processing delays)

Important Notice for Adoptive Parents: If the child is adopted, please contact Health Information Management at phone number 570-271-6116 to verify that clinical information for your child is made available to the treatment team.

Requestor Name:

Requestor Address

Street:

City:

State:

Zip:

Requestor Medical Record #:

Requestor Date of Birth:

Email:

All Former Names:

Do you have active MyChart (Powered by Geisinger) account? Yes No Unsure

Is this request to access the patient's MyChart Bedside information while the child is admitted to the hospital? Yes No

I have read and understand the requirements and procedures for accessing this child's medical record information online as provided above.

I certify that I am the birth/adoptive parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to this child's online record.

Date/Time Birth/Adoptive Parent or Legal Guardian Signature **(Required)**

I agree to allow my birth/adoptive parent or 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.

Date/Time Child 14-17 Signature **(Required)**

Part II: Child Access to Account

As the birth/adoptive parent or legal guardian of the child, I am requesting that my child have access to their online medical record: Yes No

Child:

As the child, I understand that:

- I must have a patient portal account or an account will be established for me
- To use the patient portal, I must log in or register with my own Username & Password
- To use MyChart Bedside, I must log in with my own pin number (provided by hospital staff)
- To protect the privacy of my health information, I will not share my Username and Password/Pin with anyone
- To have access for myself, I must consent to at least one parent/legal guardian having access to my account
- I agree to abide by the terms and conditions of the patient portal
- When I turn 18, parent/legal guardian access will be terminated
- **I recognize that the patient portal will be used in an emergency**

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I have read and understand the requirements and procedures for accessing my medical record information online as provided above. I hereby request access to my online medical record.

Date/Time Child 14-17 Signature **(Required if 'Yes' answered above)**

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Birth Parent/Legal Guardian:

I agree to allow this child, named above, access to his/her medical information through the suite of patient portal products. I understand I may revoke this access at any time. I certify that I am the birth/adoptive parent or legal guardian of the child identified above.

Date/Time Birth/Adoptive Parent or Legal Guardian Signature **(Required if 'Yes' answered above)**

Mail the signed authorization form and all requested supporting documentation to (or fax at 570-271-7898):

Digital Patient Engagement Department (30-09)

100 N. Academy Ave.

Danville, PA 17822-3009

OFFICE USE ONLY:

Signatures:	Parent <input type="checkbox"/>	Child <input type="checkbox"/>	Proxy Linking Done <input type="checkbox"/>	Child's Last Name: _____
Parent Access Notif:	Letter <input type="checkbox"/>	.temp <input type="checkbox"/>	Parent Activ Code Letter <input type="checkbox"/>	Child's MRN: _____
Parent Active	Y <input type="checkbox"/>	N <input type="checkbox"/>	Child Access Letter <input type="checkbox"/>	
Child Access	Y <input type="checkbox"/>	N <input type="checkbox"/>	Child Notification Letter <input type="checkbox"/>	