

Child Proxy Access MyTowerHealth

Complete this form to request access to the online medical record of your child under age 13.

Proxy access is only available if you are a birth parent, an adoptive parent or a legal guardian.

Complete all sections including patient signature.

Child Information:

Patient's Name: _____

Social Security Number (last 4 digits): XXX-XX-_____

Address: _____

Date of Birth: _____

Parent/Legal Guardian Information:

Parent/Legal Guardian's Name: _____

Date of Birth: _____

Address: _____

Email address for MyTowerHealth notifications: _____

I agree to follow the Guidelines for Child Proxy Access.

I am requesting Parental Access to the Online medical record of my child.

I certify that I am the parent or legal guardian of the child listed above. I certify that all information I have provided is correct.

Parent/Legal Guardian Signature

Date

Guidelines for Child Proxy Access:

It is necessary for the parent to have an active MyTowerHealth account.

If you do not have an active account, you will receive an Activation email. This temporary access will expire in 24 hours.

You will be notified in your MyTowerHealth when access to the child's record is available. Typically, this is 24 business hours after receipt of this completed form.

Please abide by the terms and conditions on the MyTowerHealth site.

MyTowerHealth is not to be used for emergencies.

Communications on behalf of the patient must be sent **from the patient's record**. Responses will be sent to you **in the patient's record**.

MyTowerHealth email alerts will be sent to the email address entered in the patient's record.

Child proxy access may be revoked by the patient, physician or MyTowerHealth Staff under these conditions:

- Revoke request made by patient, parent, provider or MyTowerHealth staff
- Child notifies MyTowerHealth staff of emancipation
- Parent/parent or Parent/child access disputes cannot be resolved

Child proxy access will terminate at age 13 when teen proxy paperwork must be completed.

Mail completed form to:

Reading Hospital Records Center

Atten: MyTowerHealth

PO Box 16052

Reading, PA 19612-6052

Contact us: Phone: 484-628-6924

Fax: 484-628-9777

Email: RHSmychart@towerhealth.org