# **Teen Proxy Access MyTowerHealth**

**Complete this form** to request access to the online medical record of a teen age 13-17.

Proxy access is only available if you are an adult.

#### Complete all sections including patient signature.

## Patient Information:

Patient's Name: \_\_\_\_\_

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

Address:\_\_\_\_\_

Date of Birth: \_\_\_\_\_

I agree to follow the guidelines for Teen Proxy Access.

I agree to allow the adult named below access to my medical information currently available and that may become available on the MyTowerHealth portal.

Patient Signature

Date

Person Requesting Access:

Name of the Person Requesting Access:\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:

Email address for MyTowerHealth notifications:

I agree to follow the Guidelines for Teen Proxy Access.

I certify that all information I have provided is correct. I hereby request access to this patient's online medical record.

Person Requesting Access Signature

Date

## **Guidelines for Person Requesting Teen Proxy Access:**

It is necessary for you to have an active MyTowerHealth account in your name.

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

Log in to MyTowerHealth with your own personal User ID and password.

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.

Teen proxy access may be revoked by the patient, physician or MyTowerHealth Staff.

Teen proxy access will terminate at age 18 or earlier, if MyTowerHealth Staff is notified of an emancipated event.

#### 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