

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

Requirements and Procedures

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

Requirements for accessing a child's record:

- Birth 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 by the MyChart staff

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
- **MyChart is not to be used in an emergency**

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 Reading Health System of his/her emancipated status
- Parent/parent or parent/child access disputes cannot be resolved

If all parent/legal guardian access to online medical information is revoked, the child's MyChart access will also be revoked. Reading Health System 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 MyChart record and responses will be received in your child's record. MyChart email alerts will be sent to the email address entered in the child's MyChart record.

If you already have a MyChart account, you will receive a MyChart message when access to the patient's record becomes available, typically 24 business hours after completed authorization form is received.

If you do not have a MyChart account, you will receive a MyChart Activation Letter with instructions on how to create one. If you do not activate your account within 60 days after receiving your MyChart Activation Code, your code will expire. Please promptly activate your account.

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

Please enter **Child's** information below:

Child's Name: _____ Social Security # (Last 4 digits): XXX-XX-_____
Address: _____ Date of Birth: _____
_____ Gender: _____ Male _____ Female

To be notified when new messages about your child's care are sent to MyChart, please list an email address:

As a parent, you can request your child to have access to his/her online medical record. I am requesting that my child have access to their online medical record: _____ Yes _____ No

Note: If yes, complete required signatures on the next page.

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

Parent Name: _____ Date of Birth: _____
Address: _____
_____ Gender: _____ Male _____ Female

Note: Access to child's online record is only available to birth/adoptive parents or individuals with legal guardianship.

Do you (parent/legal guardian) have an active MyChart account? _____ Yes _____ No _____ Don't Know

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 14 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.

Date

Birth Parent/Legal Guardian Signature

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.

Date

Patient Signature

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

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 14 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.

Date

Patient Signature

Birth Parent/Legal Guardian:

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

Date

Birth Parent/Legal Guardian Signature

**Mail completed Parental Authorization Form to:
Reading Hospital Records Center
Attn: MyChart
PO Box 16052
Reading, PA 19612-6052
Phone: 484-628-6924
Fax: 484-628-9777
Email: RHSMychart@Readinghealth.org**