

## Parent/Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old

### Requirements and Procedures

Under State and Federal law there are certain types of medical information that the parent or guardian of a minor patient age 12-17 may not view without consent of the minor patient. Because of these requirements, a parent or legal guardian may access the online MyChart record of a patient 12-17 years old only with the patient's consent. Both the child aged 12-17 and the parent/legal guardian must sign the attached form (below).

Requirements for accessing a child's record:

- Parent or guardian requesting access must have legal guardianship rights
- Parent/Guardian Access Authorization form must be completed and signed
- Each parent or individual requesting access must have his/her own MyChart account.

I understand that:

- I must have a MyChart account
- I must log in to MyChart with my own User ID & Password
- I must click on 'My Family's Records' to access my child's medical information
- I agree to abide by the terms and conditions of the MyChart site
- MyChart is not to be used in emergency situations.** If I have a medical emergency or have a question about medical care or treatment, I will contact my health care provider directly.
- This site is not a substitute for appropriate and timely contact with my physician.

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

- Parent/legal guardian or patient submits a request to revoke online access
- Patient turns 18 years old
- Patient advises Ann & Robert H. Lurie Children's Hospital of Chicago or his/her independent physician practice of emancipated status
- Parent/parent or parent/patient access disputes cannot be resolved

Communications on behalf of the patient must be sent from the patient's record; responses will be posted in the patient's record. MyChart e-mail alerts will be sent to the e-mail address entered in the patient's record.

If you already have a MyChart account, you will receive a letter notifying you that access to the patient's record is available, typically 5-7 business days. You will be granted access to the record only after the completed Parent/Guardian Authorization form is received.

If you do not have a MyChart account, upon submitting your electronic request a MyChart Activation Letter with Access Code and instructions will be mailed to you typically in 5-7 business days. Access to MyChart will be accessible upon Lurie Children's or your independent physician practice receiving the completed Parent/Guardian Authorization form. If you do not activate your account within 60 days after receiving your MyChart Activation Letter, your account will be inactivated.

**Parent/Guardian Access to the Online MyChart Record of a Patient  
12 to 17 Years Old - Authorization Form**

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

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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**To be notified when new messages about the patient's care are sent to MyChart, please list an e-mail address:**

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

Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone number on file: \_\_\_\_\_

Relationship to patient:  Parent  Legal Guardian  Other (please specify: \_\_\_\_\_) **Note:**

**Access to patient's online record is only available to parents or individuals with legal guardianship.**

Do you (parent/legal guardian) have an active MyChart account?  Yes  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, Parent/Guardian Access to the Online MyChart Record of a Patient 12 to 17 Years Old. I certify that I am the 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. This authorization is valid until it is revoked or otherwise expires.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

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**For Patient (12-17)**

**I authorize the release of information covering the period(s) of healthcare starting with the first date of service that information became available in the Lurie Children's online system (laboratory results as early as 2002 and medical imaging starting 2004) to my 18<sup>th</sup> Birthday - Date ( / / ).**

**I agree to allow my 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.**

I understand that the following items may be disclosed along with other health information in my medical record: HIV/AIDS related health information and/or records, behavioral or mental health information and/or records, information about sexually transmitted disease (STD), pregnancy, birth control, drugs/alcohol diagnosis, treatment, and/or referral information, genetic testing information and/or records, information about sexual assault/abuse, information about child abuse and neglect, and domestic abuse of an adult with a disability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature  
(anyone other than parent or patient may witness)

\_\_\_\_\_  
Witness Printed Name

**Please send this completed form via postal mail or fax to your child's primary clinic location.**

Fax: 815-459-1648

**Ad-Park Pediatric Associates**

955 National Pkwy #40  
Schaumburg, IL 60173-5161  
Fax: 630-543-1551

**Pediatric Partners**

300 Center Dr, Suite 103  
Vernon Hills, IL 60061  
Fax: 847-362-4425

**Elm Street Pediatrics**

572B Lincoln Ave  
Winnetka, IL 60093  
Fax: 847-501-4075

600 Central Ave, Suite 123  
Highland Park, IL 60035  
Fax: 847-681-7110

**Highland Park Pediatric Associates**

2101 Waukegan Rd, Suite 302  
Bannockburn, IL 60015  
Fax: 847-432-9480

**Premier Pediatrics**

565 Lakeview Pkwy, Suite 108  
Vernon Hills, IL 60061-1822  
Fax: 847-821-9501

**Hinsdale Pediatrics**

911 N. Elm St., Suite 215  
Hinsdale, IL. 60521  
Fax: 630-323-9652

36100 Brookside Dr, Suite 106  
Gurnee, IL 60031-4572  
Fax: 847-821-9501

**Lake Shore Pediatrics**

900 N. Westmoreland Rd, Suite 106  
Lake Forest, IL 60045  
Fax: 847-615-0730

**Wheaton Pediatrics**

1725 S. Naperville Rd, Suite 100  
Wheaton, IL 60189  
Fax: 630-690-7335

27750 W. Hwy 22, Suite 150  
Barrington, IL 60010  
Fax: 847-381-4602

725 W. Fabyan Pkwy, Suite B  
Batavia, IL 60510  
Fax: 630-690-7335

1800 Hollister Dr, Suite 220  
Libertyville, IL 60048  
Fax: 847-362-4615

**Woodfield Pediatrics**

955 National Pkwy #40  
Schaumburg, IL 60173 -5161  
Fax: 847-884-1113

**Pediatric Associates of Barrington**

27750 W. Hwy 22, Suite 150  
Barrington, IL 60010  
Fax: 847-381-6828

525 E. Congress Pkwy, Suite 220  
Crystal Lake, IL 60014