

MyChart Parental/Guardian Access

Van Buren County Hospital & Clinics

Requirements and Procedures for accessing the Electronic Medical Record of a Minor (under 18 years of age)

Requirements for accessing a minor patient's electronic medical record:

- The individual(s) requesting access must have parental or legal guardianship rights (legal documentation may be required).
- The MyChart Parental/Guardian Access Application must be completed, signed and submitted for approval. Two parents or legal guardians may apply for access on one application, a separate application is required for each patient. A signature from each parent/guardian listed on the application is required unless both parents/guardians live at the same address.
- Each parent/guardian requesting access must establish their own MyChart account in order to access the patient's record.
- Acknowledge when a minor patient turns 14 years old, access to the patient's record will be limited*.
- Acknowledge MyChart should not be used in an emergency.
- Agree to the terms and conditions of the MyChart website (<https://mychart.uihealthcare.org/vbch/>).

Procedures for parents/guardians accessing a minor patient's electronic medical record:

- Typically 3-5 business days after the completed application form is received and approved, parental/guardian access to the patient's record will be established.
- A letter, email, or text will be sent to each parent/guardian on the application confirming whether the application has been approved or denied.
- Parents/guardians who do not currently have a MyChart account will also be mailed, emailed, or text to activate their own MyChart account, from which they can access the patient's record.
- If a parent/guardian already has a MyChart account, they may receive a secure MyChart message confirming access has been established.
- Once a parent/guardian has created their own MyChart account, they can access the patient's record by:
 - Logging in to MyChart with their own MyChart username and password.
 - Clicking on the patient's name to access the patient's medical information.

Parental/Guardian access to a minor patient's electronic medical record shall end:

- For parents, upon the patient's 18th birthday or if the patient or provider revokes access prior to that time and ends at the time of death.
- For legal guardians, after one year (or as indicated in legal documents), or upon the patient's 18th birthday unless the patient or provider revokes access prior to that time and ends at the time of death.
- If the patient advises Health Information Management of his/her emancipated status.
- If the parent/patient access disputes cannot be resolved.
- If the parental rights are legally terminated.

Communication on behalf of the patient must be sent from the patient's record, accessed by clicking on the patient's name, and responses will be received in the patient's record.

MyChart access can be revoked by Van Buren County Hospital & Clinics at any time if not used appropriately.

*If the patient has a mental health disorder, additional access may be granted upon completion of the MyChart Caregiver Access Application (Pediatric) form, located on the Forms page on the MyChart website (<https://mychart.uihealthcare.org/vbch/>).

Hospital #: _____

MYCHART PARENTAL/GUARDIAN ACCESS APPLICATION
(Parent/Guardian Access to the Electronic Medical Record of a Minor)

Van Buren County Hospital & Clinics
Release of Information/MyChart, 304 Franklin Street, Keosauqua, IA 52565
Telephone: 319-293-3171; Fax: 319-293-3046; Email: mychart_requests@vbch.org

Patient information (a separate form is required for each patient):

Patient's full legal name Date of birth

Complete mailing address City State Zip code

1) **Parent/Guardian** information:

Parent/Guardian's full legal name Date of birth Mobile number

Complete mailing address City State Zip code

Email address

Relationship to patient: ___ Parent ___ Guardian* ___ Other*: _____

2) If applicable, **Parent/Guardian** information:

Parent/Guardian's full legal name Date of birth Mobile number

Complete mailing address City State Zip code

Email address

Relationship to patient: ___ Parent ___ Guardian* ___ Other*: _____

*Legal documentation is required.

I certify that I am the parent or legal guardian of the patient listed above and that all information provided is correct. If I am not the parent but legal guardian, I have provided the required documentation. I hereby request access to the patient's electronic medical record. For parents, I understand this electronic access will automatically end upon the patient's 18th birthday or if the patient or provider revokes access prior to that time and ends at the time of death. For legal guardians, I understand this electronic access will automatically end after one year (or as indicated in legal documents), or upon the patient's 18th birthday unless the patient or provider revokes access prior to that time and ends at the time of death.

This form is not needed for the patient to be evaluated or treated. I verify the above email address/mobile number is correct and approve receiving this confidential information via this email address/mobile number. I understand this may not be a secure means to receive information. I understand MyChart access can be revoked by Van Buren County Hospital & Clinics at any time if not used appropriately.

Signature: _____ **Date:** _____
(Person legally authorized to consent for patient)

Signature: _____ **Date:** _____
(Person legally authorized to consent for patient)

Once completed, return U.S. mail, fax, or email, as listed above.

Internal use only:
Verified and processed by: _____ Date: _____