Hospital #: _____

MYCHART CAREGIVER ACCESS APPLICATION (Pediatric)

(Parent/Guardian Access to the Electronic Medical Record of a Minor with a Developmental Disorder who lacks Decision Making Ability)

WinnMed
Health Information Management Department/MyChart, 901 Montgomery Street, Decorah, Iowa 52101
Telephone: 563-387-3100; Fax: 563-382-1506

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:

Patient/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:

Patient/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, confirm they have a mental health disorder, 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 WinnMed at any time if not used appropriately.

1) Parent/Guardian signature	Date

2) Parent/Guardian signature	Date

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

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

Revised: 8-2022