

Under State and Federal law, there are certain types of medical information that the parent or legal guardian of a child age 12 through 17 may not view without the child's consent. Because of these requirements, a parent or legal guardian will have limited access to their child's account. To gain full access, both the child and the parent or legal guardian must complete the form below. This access expires once the child turns 18 unless access is previously revoked by the child. **Please print clearly.**

Return form to: MyChart Support Fax: 608-314-8722
 1236 Barberry Dr.
 Janesville WI 53546 Contact Support: 888-99MYCHART or 888-996-9242

Parent/Legal Guardian Information:

Name: _____ Date of Birth: ____/____/____
 (last, first, middle initial)
 Street Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Phone Number: _____
 Relationship to patient: Parent Legal Guardian* Durable Power of Attorney*

* You must provide a copy of legal paperwork that states you have a right to this information if not already on file.
 Access Requested: Limited (allergies and immunizations only, complete child's information below, signature of child not required)
 Full (signature of child required)

By signing below, I acknowledge that I have read and understand this form and agree to its terms (below). I also certify that I am the parent or legal guardian of the child listed on this form and that all information I have provided is correct.

→ _____
Signature of Parent/Legal Guardian *Date (required)*

Child's Information:

Name _____ Date of Birth: ____/____/____
 (last, first, middle initial)
 Street Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Phone Number: _____

By signing below, I acknowledge that I have read and understand this form and agree to its terms (below). I authorize release of information starting from the first date of service to my 18th birthday. I consent to allow my parent or legal guardian, named above, access to my *Mercyhealth MyChart* account that contains my medical information currently available and that may become available as a result of future medical care. I understand that I can revoke this access at any time. If I do not revoke access, my parent or legal guardian will have access until my 18th birthday. I understand that the following items may be disclosed along with other health information in my medical record: information related to behavioral or mental health, developmental disabilities, HIV/AIDS, drugs/alcohol diagnosis and treatment, genetic testing and counseling, sexual assault/abuse, child abuse, sexually transmitted disease, pregnancy and birth control.

→ _____
Signature of Child (for full access only) *Date (required)*

→ _____
Witness Printed Name / *Witness Signature (anyone other than parent/legal guardian)* *Date (required)*

Mercyhealth MyChart Terms and Agreement

- ⌘ I understand that *Mercyhealth MyChart* is intended as a secure online source of medical information and contains a limited amount of medical information from a patient's electronic medical record from all Mercyhealth facilities. It does not reflect the complete contents of the medical record.
- ⌘ I understand if I share my *Mercyhealth MyChart* ID and password with another person, that person may be able to view my or my child's health information and health information about someone who as authorized me as a proxy.
- ⌘ I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- ⌘ I understand that access to *Mercyhealth MyChart* is provided as a convenience to patients and Mercyhealth has the right to end access at any time.
- ⌘ I understand that entries I make may become part of my or my child's legal medical record.
- ⌘ I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by federal privacy protections.
- ⌘ I understand that designating a *Mercyhealth MyChart* proxy is voluntary. I am not required to designate a *Mercyhealth MyChart* proxy and I am not required to provide this authorization. I also understand that Mercyhealth does not condition any of my healthcare treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.
- ⌘ I understand my revocations will not affect any disclosures that were made prior to processing the revocation.
- ⌘ I understand that additional terms and conditions applicable to my use of *Mercyhealth MyChart* are set forth on the site and I agree to any and all current and future terms and conditions noted on the *Mercyhealth MyChart* site.
- ⌘ I understand that my child will have the option to create his or her own *Mercyhealth MyChart* account once he or she reaches age 12. If my child chooses to do so, he or she will have full access to his or her health information and he or she will have the ability to send private messages to his or her providers.