Parental Authorization Form

Parental Access to the Online Medical Record of a Child Under 13 Years Old

To sign up for access to your child's MyChart record, please complete both pages of this Parental Authorization Form and return to your physician's office. Your child's chart will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child. You must include a government issued ID.

You can return this form and a copy of your photo ID by:

1) Email to clinic_message@snoqualmiehospital.org

2) Fax to (425) 831-2361

3) In person at your provider's office or hospital

PARENT/GUARDIAN INFORMATION:

Name (last, first, middle initial): _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone Number: _____

Have you received any services at Snoqualmie Valley Health? ☐ YES ☐ NO

Please note that this form should not be used in the case of an emancipated minor. An emancipated minor should use the Adult Proxy Form. If your child is age 0-13, with the completion of a proxy authorization, you will be granted full access to your child's MyChart record. When a child turns 13 years old, proxy access is automatically termed.

Please provide the following information for each child. All fields are **required**. If you have more than four children, please request another form.

A. Name (last, first, middle initial): _____ Date of Birth: _____

Patient Address, if different from above: _____

B. Name (last, first, middle initial): _____ Date of Birth: _____

Patient Address, if different from above: _____

C. Name (last, first, middle initial): _____ Date of Birth: _____

Patient Address, if different from above: _____

D. Name (last, first, middle initial): _____ Date of Birth: _____

Patient Address, if different from above: _____

Snoqualmie Valley Health

PLACE PATIENT LABEL HERE

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Authority to Obtain a Child's Health Information:

Check all that applies for each child:

I am the child's birth parent with current custody: ☐ Child A ☐ Child B ☐ Child C ☐ Child D

I have been awarded custody of the child with the right to make health care decisions (attach court order(s) showing custody/rights): ☐ Child A ☐ Child B ☐ Child C ☐ Child D

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online portal for viewing confidential medical information.
- I understand that for all medical emergencies, I need to immediately dial 911.
- I understand and agree that access to protected health information within MyChart is subject to the MyChart Terms and Conditions. I understand that failure to comply with the terms and conditions of use for MyChart may result in the termination of MyChart access privileges.*
- I understand that the medical information included in MyChart may include medical information considered very personal, including information about sexually transmitted and other communicable diseases, drug and alcohol abuse, HIV/AIDS, and mental health services.
- I understand that when a child turns 13, parental proxy access is automatically terminated. I understand that patients age 13 and above must consent for the release of information for treatment of mental health and/or substance abuse and patients age 14 and above must consent for the release of information of treatment for birth control and/or sexually transmitted diseases.
- I understand that my activities within MyChart may be tracked by computer audit and entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Snoqualmie Valley Health as a convenience to its patients and that Snoqualmie Valley Health has the right to deactivate access to MyChart at any time for any reason.

I have read, understand and agree to the terms and conditions set forth on this page, as well as the terms and conditions included on the webpage used to access MyChart.

Signature of Parent/Guardian: _____ Date: _____

Relationship to Patient: _____

* Terms and Conditions can be found at:
https://mychart.connectomc.org/SVH/Authentication/Login?mode=stdfile&option=termsandconditions

FOR OFFICE USE ONLY:

Name of office personnel who validated Proxy Access (please print):

Name: _____ Department: _____

Snoqualmie Valley Health

PLACE PATIENT LABEL HERE