WOODLAWN HOSPITAL

Parent/Legal Guardian Authorization for Minor to Access Own MyChart Account

If you would like to ask a question about MyChart Proxy without submitting a request for proxy access, please call Health Information Management at (574)224-1140 or email at medicalrecords@woodlawnhealth.org.

This authorization form (the "Authorization") should be used when a parent or legal guardian wishes to authorize Woodlawn Hospital and its affiliates, including Woodlawn Hospital, Akron Medical Center, Argos Medical Center, Fulton County Medical Center, Shafer Medical Center, and Woodlawn Medical Specialty Clinic (collectively "Woodlawn Hospital")to allow a minor between the ages of 14 and 17 to have access to his/her own MyChart Account and have access to his/her protected health information contained therein. For purposes of this Authorization, the minor named below is referred to as the "Patient" or "Teen Patient".

Patient Information

Patient Name:	
Patient Date of Birth:	
Patient Street Address:	
City:	
State:	
Zip:	
Patient Social Security Number (last four digits only):	
Patient Email Address:	

[*Note: To receive a link via email, provide the minor's email address. The email address provided cannot be a parent/legal guardian email address or an email address associated with another MyChart account.]*

The purpose of this Authorization is to provide the Teen Patient with access to those portions of his/her Woodlawn Hospital electronic health record that Woodlawn Hospital makes available to minors between the ages of 14 and 17 through MyChart and/or MyChart Bedside. Accordingly, I authorize Woodlawn Hospital to disclose to the above Teen Patient all information from the Patient's health records that can be made available to the Patient through the MyChart portal and MyChart Bedside application which may include, but is not limited to, lab and other test results, medications, summary of medical problems and history, and other information concerning the Patient's treatment and health.

This authorization and the access to the health records through MyChart and MyChart Bedside shall remain in effect until I revoke this Authorization. Notwithstanding the foregoing, I understand that my authorization will not require be required the Teen Patient reaches the age of eighteen (18) or authorization is otherwise not required by law.

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This authorization is voluntary. I know that I may revoke it at any time, except to the extent that action has already been taken in reliance upon it. To revoke it, I will send a signed and dated letter via email to medicalrecords@woodlawnhealth.org that includes:

- Date
- Statement requesting revocation of Teen Patient access to MyChart account
- Parent/Legal Guardian signature

Note: Email transactions are not encrypted and may be viewed by a third party.

If I do not sign this form or if I later revoke my authorization, it will not affect my treatment, payment, or enrollment or eligibility for benefits which the Patient is eligible to receive from Woodlawn Hospital.

I confirm that I have had the opportunity to read and consider the contents of this authorization, and I agree to be bound by them. I release Woodlawn Hospital from any legal responsibility or liability for providing MyChart and MyChart Bedside access to the Teen Patient listed above. I understand that the Teen Patient may redisclose or otherwise not keep the health information he/she receives confidential and that it may no longer be protected by federal and/or state privacy laws. I understand that MyChart account holders may give third parties access to portions of their health record using MyChart's Share Everywhere. I authorize the Teen Patient's use of Share Everywhere and Woodlawn Health to grant third party access as initiated by the Teen Patient.

If executing this Authorization by electronic signature, I consent to the use of electronic records and authorize the disclosures set forth above.

Parent/Legal Guardian Name:	
Parent/Legal Guardian Relationship to Patient:	
Date of Signature:	
Signature:	

Additional Information

Once completed, this form must be emailed by yourself to medicalrecords@woodlawnhealth.org for processing. **Send a secure email if possible as email transactions are not encrypted and may be viewed by a third party.** Processing of forms can take up to five (5) business days.