

Parental Access to the Online Medical Record of an Overlake Medical Center and Overlake Medical Clinics Patient Under 13 Years Old

Requirements and Procedures

Birth parents or legal guardians can access the online medical record for their children who are under 13 years old.

Requirements for accessing a child's record:

- Birth/adoptive parent or individual requesting access must have legal guardianship rights
- Parental Authorization Form must be completed and signed
- Each parent or individual requesting access must have their own MyChart account or a MyChart account will be established by Overlake Medical Center and/or Overlake Medical Clinics staff

I understand that:

- I must have an MyChart account or an account will be established for me
- I must log in to MyChart with my own User ID & Password
- I must click on 'View Other Records' to access my child's medical information
- I agree to abide by the terms and conditions of the MyChart site
- When my child turns 13 years old, access will be automatically terminated due to specific Washington State statutes that govern certain sensitive information related to 13-17 year old children. In addition, the HIPAA Privacy Rule does not afford Overlake the capability of offering MyChart to minors or their guardians at this time.
- **MyChart is not to be used in an emergency**

Birth Parent/Legal Guardian access to a child's record is revoked when:

- Birth parent/legal guardian or child submits a request or revokes online
- Child turns 13 years old
- Child advises Overlake Medical Center and/or Overlake Medical Clinics of his/her emancipated status
- Parent/parent or parent/child access disputes cannot be resolved

Patient's access to online medical information is revoked when all parent/legal guardian access is revoked. Overlake Medical Center and/or Overlake Medical Clinics reserve the right to revoke online access to medical information at any time.

Communication on behalf of your child must be sent from your child's record and responses will be received in your child's record. MyChart email alerts will be sent to the email address entered in the child's record.

When signed into another person's online medical record, the MyChart screen will have a visual indication that you are in the proper record. The person's name will also be displayed within the banner.

If you have a MyChart account, you will receive a MyChart message when access to the patient's record is available, typically 5 to 7 business days after completed authorization form is received.

If you do not have a MyChart account, you will receive a MyChart activation code with instructions on how to create one. If you do not activate your account within 60 days after receiving your MyChart activation code, your child's account will be inactivated. Please promptly activate your account.

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

Please enter **Child's** information:

Child's Name: _____ Overlake Medical Record #: _____
Address: _____ Social Security #: _____ - _____ - _____
Date of Birth: _____

Return completed forms to Overlake Medical Center or Overlake Medical Clinic scheduling, registration or clinical staff

Gender: _____ Male _____ Female

To be notified when new messages about your child's care are sent to MyChart, please list an email address:

Please enter **Parent/Legal Guardian** information:

Parent Name: _____ Overlake Medical Record #: _____
Address: _____ Social Security #: _____ - _____ - _____
Date of Birth: _____
Gender: _____ Male _____ Female

Former Name(s) - e.g. maiden name: _____

Relationship to child: _____ Parent _____ Legal Guardian _____ Other

If Other, please specify: _____

Note: Access to child's online record is only available to birth parents or individuals with legal guardianship.

Do you (parent/legal guardian) have an active MyChart account? _____ Yes _____ No _____ Don't Know

I have read and understand the requirements and procedures for accessing my child's medical record information online as provided on page one of this document titled, Parental Access to the Online Medical Record of a Child Under 13 Years Old.

I certify that I am the birth parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to my child's online record.

Date Parent/Legal Guardian Signature

Date Time OHMC/OMC Staff Signature Print Name
Verifying above information.

Return completed forms to Overlake Medical Center or Overlake Medical Clinic scheduling, registration or clinical staff

OFFICE USE ONLY:

Activ Code Generated ☐

Signature: Parent ☐

Activ Code Sent ☐

Proxy Linking Done ☐

Proxy Access Granted Notif ☐

Patient Notif ☐

OVERLAKE | MEDICAL CENTER
& CLINICS

Authorization Form – Parental Access

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PLACE PATIENT LABEL HERE