

Van Buren County Hospital and Clinics
MyChart Parental/Guardian Access
Requirements and Procedures for accessing the Electronic Medical Record of Children < 18 years of age

Requirements for accessing a child's record:

- The individual(s) requesting access must have parental or legal guardianship rights (legal documentation may be required).
- The MyChart Parental/Guardian Access Application, included below, must be completed, signed and submitted for approval. Two parents or guardians may apply for access on one application, but a separate application is required for each child. A signature from each parent/guardian listed on the application is required unless both parents/guardians live at the same address.
- Each parent/guardian requesting access must establish their own MyChart account in order to access the child's record.
- Acknowledge when a minor child turns 14 years old, access to the child's record will be limited*.
- Acknowledge MyChart is not to be used in an emergency.
- Agree to abide by the terms and conditions of the MyChart site.

Procedures for parents/guardians accessing a child's record:

- Typically 3-5 business days after the completed authorization form is received and approved, parental/guardian access to the child's record will be established.
- A letter or e-mail will be sent to each parent/guardian on the application confirming whether the application has been approved or denied.
- Parents/guardians who do not currently have a MyChart account will also be mailed or e-mailed the instructions on how to activate their own MyChart account, from which they can access the child's record.
- If an applicant already has an established MyChart account they may receive a secure MyChart Message confirming access has been established.
- Once a parent/guardian has established their own MyChart account they can access the child's record by:
 - Logging in to MyChart with their own MyChart ID and password.
 - Clicking on the child's name to access the child's medical information.

Parent/Guardian access to a child's record shall be revoked when:

- Parent/guardian submits a request the child revoke the access online.
- Child turns 18 years old.
- Child advises Health Information Management of his/her emancipated status.
- Parent/parent or parent/child access disputes cannot be resolved.

Communication on behalf of the child must be sent from the child's record, accessed by clicking on the child's name, and responses will be received in the child's record. This hospital reserves the right to revoke access to MyChart at any time for any reason.

* If the child is currently mentally incapacitated and has a Legal Guardian or Durable Power of Attorney for Healthcare, this person may complete the MyChart Incapacitated Access Application form located on the Forms page on the MyChart website for additional MyChart access.

**Van Buren County Hospital and Clinics
MyChart Parental/Guardian Access Application
Parent/Legal Guardian Access to the Electronic Medical Record of a Minor**

Please print Patient's/Child's information. (A separate form is required for each child.)

_____	_____	_____	_____
Patient's Full Legal Name	Telephone Number	Date of Birth	Gender
_____	_____	_____	_____
Complete mailing address/street	City	State	ZIP Code

Please print **Parent/Legal Guardian 1** Information:

_____	_____	_____	_____
Parent's/Legal Guardian's Full Legal Name	Telephone Number	Date of Birth	Gender
_____	_____	_____	_____
Complete mailing address/street	City	State	ZIP Code
_____	_____		
E-mail Address	Relationship to patient (Optional)		

If applicable, please print **Parent/Legal Guardian 2** Information:

_____	_____	_____	_____
Parent's/Legal Guardian's Full Legal Name	Telephone Number	Date of Birth	Gender
_____	_____	_____	_____
Complete mailing address/street	City	State	ZIP Code
_____	_____		
E-mail Address	Relationship to patient (Optional)		

I have read and understand the requirements and procedures for accessing the patient's/child's medical record information online. I certify that I am the parent or legal guardian of the child listed above 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/child's electronic medical record. I understand that this electronic access will end upon the patient's/child's 18th birthday. I verify the above e-mail address is correct and approve receiving this confidential information (activation code) via this e-mail address. I understand this may not be a secure means to receive information.

Signature of Parent/Legal Guardian 1 _____ Date _____

Signature of Parent/Legal Guardian 2 _____ Date _____

Mail Completed Form to: Van Buren County Hospital and Clinics
Release of Information/MyChart
304 Franklin Street
Keosauqua, IA 52565
Email Completed Form to: mychart_requests@vbch.org
Fax Completed Form to: 319-293-3046
Questions may be directed to: 319-293-3171

Internal use only: Verified and access entered by _____

Date _____