

TidalHealth MyChart Dual Access Authorization for Minor Patients 13-17

For a minor patient aged 13-17 to have his/her own MyChart account, there must be dual authorization from both the parent/legal guardian and the minor patient. Parents/legal guardians have legal rights to certain medical information about their child(ren) and minors aged 13-17 have legal rights regarding certain medical information. TidalHealth requires dual authorization to ensure compliance with federal and state laws.

Requirements for a minor patient to have a MyChart:

- Parent/legal guardian and minor patient must contact the Health Information Management department for assistance by calling 410-543-7075.
- Parent/legal guardian must sign the authorization for a minor patient 13-17 to have a MyChart account.
- Parent/legal guardian must have their own MyChart account (or one will be established).
- Minor patient 13-17 must sign the authorization for the parent/legal guardian to have unrestricted proxy access to his/her MyChart medical record.
- The parent/legal guardian and minor child must each have separate, unique user IDs and passwords and keep the information private.
- If parent/legal guardian access to the minor's MyChart (13-17) is revoked, the minor patient's MyChart access will also be revoked.
- Minor patient must have his/her email and phone number on file as the patient's contact information.
- Minor patient must notify TidalHealth, in writing, of his/her emancipated status, if applicable.
- Parent/legal guardian access is automatically revoked when the minor patient turns 18 years old.
- TidalHealth reserves the right to revoke online access to MyChart medical record at any time.
- MyChart is not to be used in an emergency and message responses may take up to 48 hours.

Additional Information:

- If messaging options are available in MyChart, communications on behalf of the minor patient must be sent from the minor patient's MyChart account and responses will be received in the minor patient's record. MyChart email alerts will be sent to the email address entered in the minor patient's MyChart record.
- When signed into another person's online medical record, the tab and background on the MyChart screen change to a different color. This will serve as a visual indication that you are in the proper record. The patient's name will also be displayed on the tab.
- The MyChart Patient Portal Liaison may contact you to request additional forms of identification.
- Parent/legal guardian and minor patient must agree to abide by the terms and conditions of TidalHealth's MyChart.

Return MyChart Dual Access Authorization form by:

Mail: TidalHealth Health Information Management
100 E. Carroll St., Salisbury, MD 21801
Fax: 410-543-7056
Email: inforelease@tidalhealth.org

Keep this page for your records.

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Minor patient's information: (please print legibly)

Minor patient's name: _____

Date of birth: _____

Parent/legal guardian's information: (please print legibly)

Name: _____ Date of birth: _____

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

Email: _____ Text: _____

Relationship to patient: Parent Legal guardian

Do you (parent/legal guardian) have an active MyChart account? Yes No

Parent/legal guardian:

I have read and understand the requirements and procedures for accessing my minor child's MyChart medical record as provided on page one of this document. I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct.

I hereby authorize my minor child to have his/her own MyChart and request proxy access to my minor child's MyChart medical record. I understand that I may revoke this authorization at anytime by contacting TidalHealth Health Information Management at 410-543-7075.

Parent/legal guardian signature

Date

Time

Minor patient:

I have read and understand the requirements and procedures for accessing my MyChart medical record as provided on page 1 of this document. I agree to allow my parent/legal guardian named above unrestricted, online access to my MyChart medical record account. I understand that I may revoke this authorization at any time by contacting TidalHealth Health Information Management at 410-543-7075.

Minor patient signature

Date

Time

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