



## PARENT / GUARDIAN ACCESS TO A CHILD'S MyChart® ACCOUNT

**Instructions:** To sign up for access to your child's MyChart record, please complete the second page of this form and return it to any of the addresses shown below. Please note that your child's MyChart record will be accessed through your MyChart record. Completing this form will establish a MyChart record for you and for your child. Even if you have a MyChart account for your minor child, you are required to complete a new Parent/Guardian Access to a Child's MyChart Account form when your child turns 12 years old.

### **Return forms to:**

- Cone Health, Department of Health Information Management, 1200 N. Elm St., Greensboro, NC 27401
- Email forms to: [conehealthmychart@conehealth.com](mailto:conehealthmychart@conehealth.com)
- Present signed form at your child's Cone Health provider location.
- We will email an activation code to the email address you provide below. Use the activation code to set up your MyChart account and to have access to your child's account.

### **Key facts about access to your child's MyChart account:**

- For children **ages 0-11**: You will be granted full access to your child's MyChart account until their twelfth birthday, when your access is automatically terminated.
- For children **ages 12-17**: When your child turns twelve, you will be asked to complete a new access request form. You will have the ability to view a limited portion of the minor patient's records and communicate with the minor's primary care provider. Once your access is authorized, patients ages 12-17 may sign up for access to their MyChart account during an office visit.
- Once your child reaches **age 18**, your access to the child's MyChart account will be automatically terminated. The child will have direct access to his or her full MyChart account.

### **MyChart Terms and Agreement:**

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or my child's health information.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that I may request a paper copy of my child's medical record from the appropriate physician's office or the Cone Health Department of Health Information Management until the child reaches the age of 18.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Cone Health as a convenience to its patients and that Cone Health has the right to deactivate access to MyChart at any time for any reason. By signing below, I acknowledge that I have read and understand this MyChart sign-up form and I agree to its terms.



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# AUTHORIZATION FORM FOR ACCESS TO A CHILD'S MyChart® ACCOUNT

## PATIENT INFORMATION

*All fields are required.*

**Please print clearly.**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Gender:  Male  Female

City/State/Zip: \_\_\_\_\_ Primary care physician: \_\_\_\_\_

Patient's cell #: \_\_\_\_\_ Patient's alternate phone #: \_\_\_\_\_

Patient's email address (if patient is ages 12-17) \_\_\_\_\_

## PARENT / LEGAL GUARDIAN INFORMATION

*All fields are required.*

**Please print clearly.**

Parent/legal guardian name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Male  Female

*\*\*Only enter address if different from the minor child's address.\*\**

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Parent/legal guardian email address (**required**) \_\_\_\_\_

Please provide last four digits of Social Security number: \_\_\_\_\_

*Please note that the last four digits of the Social Security number are required for authentication purposes and will be stored securely in compliance with applicable laws.*

Are you a Cone Health patient?  Yes  No

## Confirmation and Authorization Signatures

I have read and understood the requirements for accessing the above named patient's MyChart account information and agree to abide by these requirements. I certify that I am the parent or legal guardian of the child listed on this form and that all information I have provided is correct. I hereby request access to the above named patient's MyChart account.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature (**to be signed if patient is ages 12-17**)

\_\_\_\_\_  
Date

## For Cone Health use only:

Processed date: \_\_\_\_\_ Patient MRN: \_\_\_\_\_

Name of staff member/department (please print) \_\_\_\_\_

*MyChart is a registered trademark of Epic Corporation.*