



Child's Name _____

Date of Birth _____

Medical Record Number _____

Request for Access to the MyChart of a Minor Patient

If you are the parent or legal guardian of a child from birth through age 18, you may use this form to request access to the child's online Portland Clinic electronic medical record and other online services.

This section should be completed by the individual requesting access to the child's chart.

Parent's/Legal Guardian's Name (last, first, middle initial) Social Security Number

Date of Birth E-mail Address Telephone #

Address City State/Zip

- **If you are not the birth or adoptive parent (example: stepparent, grandparent), you must provide documentation that establishes that you are a legal guardian for the above-named child.**
- Access to a child's Portland Clinic record is available only to parents or legal guardian's with full legal authority to make health care decisions for the above-named child.
- Some information within MyChart regarding minors between the ages of 13-18 years old may be limited according to Oregon and federal privacy laws.
- The child's MyChart account will be accessed through the proxy's MyChart account. If the proxy does not have a MyChart account with The Portland Clinic, they will be provided with information to create their own account even though the proxy holder may not be a patient at The Portland Clinic.

Declaration and Acknowledgment

I have read and understand the requirements and procedures for accessing my child's Portland Clinic medical record.

I certify that I am the parent or legal guardian of this child. I hereby request access to my child's medical record at The Portland Clinic.

Should my legal authority to make health care decisions for this child change in the future, I will inform the The Portland Clinic immediately.

My legal access to my child's medical record will be revoked when: I submit a request to revoke; the child turns 18; or the child informs The Portland Clinic of emancipated status.

I agree to abide by the same terms and conditions set forth in the Terms of Use Agreement that I accepted when I was granted access to a MyChart account. I understand that The Portland Clinic reserves the right to revoke MyChart access at any time for any reason. In addition, I am aware that all secure messages between me and my child's health care team will become part of my child's medical record and that my online access to the child's personal health information will be limited by law when he/she reaches age 13 and revoked at 18.

I declare under penalty of perjury under the laws of the State of Oregon that the above is true and correct.

Parent/Legal Guardian(Signature)
(Same as above)

Date