



Mercycare Service Corporation

**MyChart ParentalGuardian Access Application  
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).
- If you choose to sign up in writing, 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 12 years old, access to the child's record will be limited to his/her immunizations only\*.
- Acknowledge MyChart is not to be used in an emergency.
- Agree to abide by the terms and conditions of the MyChart site (insert website)

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

- If you already have your own MyChart account, request access to your child's health information by going to the "Profile" tab and clicking "Personalize." Then, click "Request access to a minor's record" to submit your request from there. You will not need to complete the application below if you choose to request access this way.
- 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 will be mailed 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 a MyChart Activation Letter with 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 in lieu of the letter 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 "My Family's Records" 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 through "My Family's Records", and responses will be received in the child's record.

Mercy Medical Center 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

Mercycare Service Corporation  
**MyChart ParentalGuardian Access Application**  
**Parental/Legal Guardian Access to the Mercy Electronic Medical Record of a Minor**  
Please print **Patient/Child** information. (A separate form is required for each child).

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Child's/Patient's Full Legal Name Date of Birth Gender

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
Complete Mailing Address/Street

Please print **Parent//Legal Guardian** Information<sup>1</sup>:

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone Number  
Parent's/Legal Guardian's Full Legal Name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code  
Complete Mailing Address

Relationship to Patient: Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian\* \_\_\_\_\_ Other, please specify\* \_\_\_\_\_

If applicable, please print second **Parent/Legal Guardian** information<sup>2</sup>.

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone number  
Parent's/Legal Guardian's Full Legal Name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code  
Complete Mailing Address

Relationship to Patient: Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian\* \_\_\_\_\_ Other, please specify\* \_\_\_\_\_

I have read and understand the requirements and procedures for accessing my child's/patient's medical record information online 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 provided is correct. If I am not the parent but a legal guardian, I have provided the required documentation. I hereby request access to my child's/this patient's electronic medical record. I understand that this electronic access will end upon my child's/the patient's 18th birthday.

\_\_\_\_\_ Date  
Parent/Legal Guardian Signature<sup>1</sup>

\_\_\_\_\_ Date  
Parent/Legal Guardian Signature<sup>2</sup>

**Mail Completed Form to:** Mercy Medical Center  
Health Information Management Department  
Release of Information/MyChart  
701 10<sup>th</sup> Street SE  
Cedar Rapids, IA 52403

**FAX Completed Form to:** 319-369-4727  
**Questions may be directed to:** 319-398-6161

Internal use only: Verified and access entered by \_\_\_\_\_ Date: \_\_\_\_\_

MRN #: \_\_\_\_\_