# Parental Access to the Online Medical Record of a Child Under 14 Years Old

## Requirements and Procedures

Birth parents or legal guardians can access the online medical record for their children who are under 14 years old.

Requirements for accessing a child's record:

- Birth/adoptive parent or individual requesting access must have legal guardianship rights
- Parental Authorization Form must be completed and signed
- Each parent or individual requesting access must have their own MyGeisinger account or a MyGeisinger account will be established by Geisinger staff

I understand that:

- I must have a MyGeisinger account or an account will be established for me
- I must log in to MyGeisinger with my own User ID & Password
- I must click on 'View Other Records' to access my child's medical information
- I agree to abide by the terms and conditions of the MyGeisinger site
- When my child turns 14 years old, access will be automatically terminated, and I will need to send the appropriate form with required signatures to re-authorize access
- **MyGeisinger is not to be used in an emergency**

Birth Parent/Legal Guardian access to a child's record is revoked when:

- Birth parent/legal guardian or child submits a request or revokes online
- Child turns 14 years old (parent and patient must re-authorize access)
- Child turns 18 years old
- Child advises Geisinger of his/her emancipated status
- Parent/parent or parent/child access disputes cannot be resolved

Patient's access to online medical information is revoked when all parent/legal guardian access is revoked. Geisinger reserves the right to revoke online access to medical information at any time.

Communications on behalf of your child must be sent from your child's record and responses will be received in your child's record. MyGeisinger email alerts will be sent to the email address entered in the child's record.

When signed into another person's online medical record, the MyGeisinger screen will have a red color scheme. This will serve a visual indication that you are in the proper record. The person's name will also be displayed within the banner.

If you have a MyGeisinger account, you will receive a MyGeisinger message when access to the patient's record is available, typically 5 to 7 business days after completed authorization form is received.

If you do not have a MyGeisinger account, you will receive a MyGeisinger Activation Letter with instructions on how to create one. If you do not activate your account within 60 days after receiving your MyGeisinger Activation Letter, your child's account will be inactivated. Please promptly activate your account.

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## Parental Authorization Form

Please enter **Child's** information:

Child's Name: _____ Geisinger Medical Record #: _____

Address: _____ Social Security #: _____-_____-_____

_____ Date of Birth: _____

Gender: _____ Male _____ Female

**To be notified when new messages about your child's care are sent to MyGeisinger, please list an email address:**

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Please enter **Birth Parent/Legal Guardian** information:

Parent Name: _____ Geisinger Medical Record #: _____

Address: _____ Social Security #: _____ - _____ - _____

_____ Date of Birth: _____

Gender: _____ Male _____ Female

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

Relationship to child: ____Birth Parent ____Adoptive Parent ____ Legal Guardian ____ Other

If Other, please specify:_____

**Note: Access to child's online record is only available to birth parents or individuals with legal guardianship.**

Do you (parent/legal guardian) have an active MyGeisinger account? ___Yes ____ No ___ Don't Know

**I have read and understand the requirements and procedures for accessing my child's medical record information online as provided on page one of this document titled, Parental Access to the Online Medical Record of a Child Under 14 Years Old.**

**I certify that I am the birth parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to my child's online record.**

_____ _____

Date Birth Parent/Legal Guardian Signature

_____ _____

Date Witness Signature

**Mail completed Parental Authorization Form to:**
**Geisinger Health System, eHealth Department 30-09, 100 N. Academy Ave. Danville, PA 17822-3009**

| OFFICE USE ONLY: | | |
|---|---|---|
| Child Activ. Code Generated ☐ | Parent Signature: Y N | Parent Activ. Code Letter ☐ |
| Proxy Linking Done ☐ | Parent Active? Y N | Parent Access Notification: Letter ☐ .temp ☐ |

Revised 10/17/05