# Parental Access to the Online Medical Record of a Patient 14 to 17 Years Old

## Requirements and Procedures

For children who are 14-17 years old, a birth parent or legal guardian can access the online medical record with the child's consent. With the consent of a parent or legal guardian, children 14-17 years old can access their own online record.

Requirements for accessing a child's record:

- Birth 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 for them 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
- **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 18 years old
- Child advises Geisinger of his/her emancipated status
- Parent/parent or parent/child access disputes cannot be resolved

If all parent/legal guardian access to online medical information is revoked, the child's MyGeisinger access will also be 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 MyGeisinger 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 MyGeisinger record.

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

If you already have a MyGeisinger account, you will receive a MyGeisinger message when access to the patient's record becomes 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 below:

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

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

_____ Date of Birth: _____

Gender: _____ Male _____ Female

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

_____

**As a parent, you can request your child to have access to his/her online medical record. I am requesting that my child have access to their online medical record: _____**Yes _____ No
**Note: If yes, complete required signatures on the next page.**

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

Parent Name: _____ Geisinger Medical Record #: _____

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

_____ Date of Birth: _____

Gender: _____Male _____ Female

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

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

If Other, please specify:_____

**Note: Access to child's online record is only available to birth/adoptive 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 Patient 14 to 17 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

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**I agree to allow my birth parent/legal guardian, named above, online access to my medical information currently available and that may become available as a result of future medical care. I understand I may revoke this access at any time.**

_____ _____
Date Patient Signature

_____ _____
Date Witness Signature

# Parental Access to the Online Medical Record of a Patient 14 to 17 Years Old

**Patient:**

As the patient, I understand that:

- I have a MyGeisinger account or an account will be established for me
- I must log in to MyGeisinger with my own User ID & Password
- To protect the privacy of my health information, I will not share my User ID and Password with anyone
- To have MyGeisinger access for myself, I must consent to at least one parent/legal guardian having MyGeisinger access to my account
- I agree to abide by the terms and conditions on the MyGeisinger site
- When I turn 18, parent/legal guardian access will be terminated
- **I recognize that MyGeisinger is not to be used in an emergency**

**I have read and understand the requirements and procedures for accessing my medical record information online as provided on page 1 of this document titled, Parental Access to the Online Medical Record of a Patient 14 to 17 Years Old. I hereby request access to my online medical record.**

**I agree to allow my birth parent/legal guardian, named above, online access to my medical information currently available and that may become available as a result of future medical care. I understand I may revoke this access at any time.**

_____ _____

Date Patient Signature

_____ _____

Date Witness Signature

**Birth Parent/Legal Guardian:**

**I agree to allow my child, named above, access to his/her medical information through MyGeisinger. I understand I may revoke this access at any time. I certify that I am the birth parent/legal guardian of the child identified above.**

_____ _____

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: | Signatures: Parent ☐ Child ☐ | Parent Access Notif: Letter ☐ .temp ☐ |
|---|---|---|
| Child Activ Code Generated ☐ | Parent Active Y N | Parent Activ Code Letter ☐ |
| Proxy Linking Done ☐ | Child Access Y N | Child Access Letter ☐ |
| | | Child Notification Letter ☐ |

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