

# SOLUTIONHEALTH

## SOLUTIONHEALTH MYCHART PARENT/GUARDIAN ACCESS FORM

### 1. Patient Information:

**Patient Name:** \_\_\_\_\_  
Last First M.I.

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address City, State Zip Code

**Medical Record Number:** \_\_\_\_\_  
(Optional)

### 2. Proxy Information:

**Proxy Name:** \_\_\_\_\_  
Last First M.I.

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address City, State Zip Code

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Does the proxy have an active MyChart account? Yes  No

Has the proxy ever been a patient at SolutionHealth? Yes  No

### Please Check One Of The Boxes Below That Best Describes The Proxy Access Requested.

(Please note that for all types of proxy access, the patient's chart will be accessed through the proxy's Patient Portal Account.)

#### ADULT PATIENT

##### Access to another adult's MyChart account.

**Legal Guardian of Adult Patient** (Adults who have been appointed the legal guardian of another adult through court order.)

- If you are the legal guardian for this patient, then this request **MUST** be accompanied by a copy of the Court Order Appointing Guardian and Letters for Guardianship verifying the proxy's status as legal guardian of the patient and authority to access medical information.
- Your access to the above identified patient's MyChart will need to be renewed every 365 days.
- You **MUST** notify the healthcare system immediately in case of any changes in authority.

#### MINOR PATIENT

##### Access to your minor child's MyChart account.

- Individuals requesting access must have parental rights or legal guardianship rights (MyChart access may not be granted to foster parents).

##### My Relationship to the minor child is:

Parent  Permanent Legal Guardian of the minor child.

- **If Legal Guardian of minor child MUST attach a copy of the Court Order Appointing Guardian and Letters for Guardianship verifying the proxy's status as permanent legal guardian of the patient.**

##### SELECT ONE

**Child Age 0-11:** You will be granted full access to your child's record until the child turns 12 years old at which access will terminate as under NH law children 12 and older can consent to certain clinical treatment without parental consent.

**Child Age 12 – 17:** You will be granted limited access to your child's record. When your child turns 18 years old this access will terminate.

**Parents/Legal Guardian of Minor Child:**

By signing the below you acknowledge and agree that:

- I will use my own MyChart account at SolutionHealth to access the minor child’s MyChart account.
- I have parental rights or legal guardianship rights to access this minor child’s record.
- I have not been denied periods of physical placement with the minor child and there are no court orders or restraining orders in effect limiting my access to this child’s medical records and/or information.
- Communications on behalf of the minor child through MyChart must be sent from the minor child’s record and responses will be received in the minor child’s record. MyChart email alerts will be sent to the email address entered under the Parent/Legal Guardian (“Proxy”) Information provided above.
- For a minor child age 0 to 11 years, I will be granted full access to the Child’s MyChart record. On the minor child’s 12<sup>th</sup> birthday, I will no longer have access to the minor child’s MyChart record unless I complete a new form granting me limited access to the minor child’s MyChart record.
- I will comply with the MyChart Terms and Conditions on the patient portal website.

**Legal Guardians of Adult Patients:**

By signing the below, you acknowledge and agree that:

- Any documents, if any, I have provided in support of my right to access the patient’s protected health information, are true and correct copies and are the most recent documents related to this matter.
- When my legal authority to act on behalf of the patient is inactivated, revoked, terminated, or expired, I must immediately notify SolutionHealth in writing of the change in authority and mail it to the appropriate Health Information Management Department listed below.
- Communications on behalf of the adult patient through MyChart must be sent from the adult patient’s record and responses will be received in the adult patient’s record. MyChart email alerts will be sent to the email address entered under the Parent/Legal Guardian (“Proxy”) information provided above.
- I will comply with the MyChart Terms and Conditions on the patient portal website.

**Signature:**

\_\_\_\_\_  
Parent or Legal Guardian Signature (Required)

\_\_\_\_\_  
Relationship to Patient (Required)

\_\_\_\_\_  
Date (Required)

**Medical Record Departments:** Send completed document to the appropriate HIM Department below.

**Elliot Health System**  
Attention: Medical Records  
One Elliot Way  
Manchester, NH 03103  
Telephone: (603) 663-2341  
Fax: (603) 663-1856

**Southern New Hampshire Health**  
Attention: Medical Records  
8 Prospect Street, P.O. Box 2014  
Nashua, NH 03061  
Telephone: (603) 577-7500  
Fax: (603) 577-5756