



Authorization Granting Access to MyChart Medical Record

This form is used to enroll patients under the age of 18 in My Chart. MyChart is a secure website that allows patients and their parents or legal guardians to access certain parts of their medical record and communicate with their doctor. For children under the age of 12, a parent or legal guardian is considered the child’s representative and a parent or legal guardian must complete the parent/legal guardian portion of the form. For adolescent patients (ages 12-17), the form must be completed by the adolescent patient with the adolescent’s physician.

Please note this form should not be used in the case of an emancipated minor.¹ An emancipated minor is granted adult MyChart access.

Adolescent Patient (12-17 Year Old):

I understand there is an electronic medical record with information about my (a 12–17-year-old patient’s) medical care and treatment at Hackensack Meridian Health. I am aware that some of my medical information from this record can be looked at through a secure website called Hackensack Meridian MyChart. I understand that the access for an adolescent patient like myself will not include access to sensitive information as designated by my physician which may include information related to sexual orientation/gender identity, pregnancy, birth control, sexually transmitted infections such as HIV or AIDS (HIV is the Human Immunodeficiency Virus which is the virus that causes AIDS), mental health care, addiction treatment and genetic services.

- I want to give my parent(s) or guardian(s) permission to use MyChart to look at my medical information, including information about my past, current and future care and treatment at Hackensack Meridian Health and affiliated facilities, doctors and offices.
- I understand that while efforts will be made to block access to sensitive information, there is a risk that this permission form may allow my parent(s)/guardian(s) to see all of my health care information that is in MyChart, including sensitive information related to **PREGNANCY, BIRTH CONTROL, and SEXUALLY TRANSMITTED INFECTIONS such as HIV or AIDS), MENTAL HEALTH**, including addiction treatment such as **ALCOHOL, DRUG USE or ABUSE OR EATING DISORDER, GENETIC CONDITIONS,SEXUAL ORIENTATION/GENDER IDENTITY**. I understand that after my parent/guardian reviews my medical information, it could be disclosed to others and would no longer be protected by federal privacy regulations.
- I understand that MyChart allows for confidential messaging. I can choose to send messages to my medical providers and select the option that prohibits my parents(s)/guardian(s) from having the ability to view the messages.
- I know I do not have to sign this form or use MyChart, and I can still get treatment from Hackensack Meridian Health and their doctors.
- I understand that I have the ability to cancel this access through my MyChart account. I understand that Hackensack Meridian Health and my doctors can also cancel access to MyChart (for patients or their Proxies) at any time and for any reason.
- I had a chance to ask questions about this permission form. Any questions I had were answered. If I choose to give my permission now, I can change my mind and cancel this permission form later at any time.
- I understand when I turn 18 years old, this authorization will expire and re-enrollment will be required.

Parent/Legal Guardian:

- If your child is age 0-11, you will be granted full access to your child’s MyChart record.
- If your child is age 12-17, you will be granted partial access to your child’s MyChart record (e.g., immunizations and allergies) automatically. When this consent form is completed and processed by your teen’s doctor, you will be granted access to your teen’s chart as described above.
- Once your child reaches age 18, you will no longer have any access to your child’s MyChart record.

To request a paper copy of your child’s record, contact the Health Information Department at Hackensack Meridian Health hospital.

¹In New Jersey, an “emancipated” minor is a person under the age of 18 who is: (a) is married, (b) pregnant, (c) in U.S. military service, or (d) declared emancipated by a court or administrative agency.



PROXY ACCESS CONSENT FOR MINORS



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PATIENT LABEL

Required Information

PATIENT Information (12-17-Year-Old)

(All sections required – please print clearly)

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email Address: _____

(Not needed for 0-11 age patients as only proxies will be provided access)

Parent(s) Guardian(s) Information: (Who will be given access to your MyChart)

Name (last, first, middle initial): _____ Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email Address: _____

MyChart Terms and Agreement

- I understand MyChart is intended to provide limited access to confidential medical information. If I share or allow my MyChart ID and password to be disclosed to another person, that person may be able to view my health information, and information about someone who has authorized me as a MyChart Proxy and transmit that information to a third party.
I agree it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
I have read, understood and agreed to the terms and conditions at http://mychart.hmhn.org.



Signature of Patient (Not required for 0-11 age patient as only proxies will be provided access) _ Date (required)

Printed Name: _____



Signature of Parent/Guardian (required) Date (required)

Printed Name: _____



Signature of Provider (required for 12-17 year olds) Date (required)

Printed Name: _____

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