

St. Margaret's Health  
MyCare Patient Portal Parent/Guardian Request for Proxy Access-  
Minor Patient 12-17 Years Old

If you are a Parent/Court Appointed Guardian/caregiver of the Person who is between 12-17 years of age and wish to have online access to portions of his/her record(s), complete the PARENT OR LEGAL GUARDIAN INFORMATION and PATIENT INFORMATION portions of this form. Present this completed form and a photo ID to a staff member. **The minor child must also be present in person when requesting access and must sign the request form. Under state law, we are required to keep confidential certain types of health information & services provided to minors and can only disclose this information with the minor patient's permission.**

Parent and Guardian access to a child's record via MyCare will be revoked when:

- Parent/Guardian submits a request to revoke online access.
- Patient turns 18, at which time they are no longer considered a minor.
- Patient advises SMH of his/her wish to revoke proxy access and signs Revocation Of Proxy Authorization Form.
- SMH determines that access or other disputes between the patient and his/her Parents/Guardian(s) cannot be resolved.

I understand that:

- I must log into MyCare with my own username and password to access my child's information.
- SMH may revoke access to this electronic access at any time deemed appropriate.

**PARENT OR LEGAL GUARDIAN INFORMATION:**

Name of Parent or Guardian requesting access: \_\_\_\_\_

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

Current Address: \_\_\_\_\_  
Street City/State Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**PATIENT INFORMATION:**

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Circle your relationship to this patient:** Parent Guardian Other

If you circled "**Guardian**" or "**Other**" above, you MUST provide SMH with documentation supporting your legal right to access the minors' health information before proxy access will be processed. A member of our Portal Team will contact you to follow up in the event additional documentation is needed.

I understand St. Margaret's Health, its employees and clinicians take seriously their responsibility to safeguard the privacy of their patients and protect the confidentiality of their protected health information. I agree to comply with all confidential requirements of MyCare. \_\_\_\_\_ Initial

I promise I am a parent or Guardian with the right to access their protected health information. If I am no longer a parent or Guardian with legal access to my child's account, I will immediately stop using my proxy access through MyCare, and I will alert the St. Margaret's Health MyCare support team to turn off my access. \_\_\_\_\_ Initial

Signature: \_\_\_\_\_



---

**If Patient is 12 years old or over, the Patient must sign and initial below.**

I agree to allow my Parent(s)/Guardian/caregiver to look at all of my health information including past, present, or future health information related to pregnancy testing, testing for HIV or sexually transmitted infections, birth control and other reproductive health information, mental health, and/or alcohol or drug use/abuse. If I am no longer considered a minor under state law, I will notify SMH to have proxy revoked via revocation form. \_\_\_\_\_ Initial

Signature of Minor Patient Allowing Access: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (SMH staff): \_\_\_\_\_ Date: \_\_\_\_\_