

## Parental Access to the Online Medical Record of a Patient 13 to 17 Years Old

### Requirements and Procedures

For children who are 13-17 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 13-17 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 eGuthrie account or a eGuthrie account will be established for them by Guthrie staff

I understand that:

- I must have a eGuthrie account or an account will be established for me
- I must log in to eGuthrie 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 eGuthrie site
- **eGuthrie 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
- There is a change in legal guardianship status
- Child turns 18 years old
- Child advises Guthrie 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 eGuthrie access will also be revoked. Guthrie 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 eGuthrie record and responses will be received in your child's record. eGuthrie email alerts will be sent to the email address entered in the child's eGuthrie record.

If you already have a eGuthrie account, you will receive a eGuthrie 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 eGuthrie account, you will receive a eGuthrie Activation Letter with instructions on how to create one. If you do not activate your account within 30 days after receiving your eGuthrie Activation Letter, your child's account will be inactivated. Please promptly activate your account.



**Parental Access to the Online Medical Record of a Patient 13 to 17 Years Old  
Parental Authorization Form**

Please enter **Child's** information below:

Child's Name: \_\_\_\_\_ Guthrie Medical Record #: \_\_\_\_\_  
Address: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**To be notified when new messages about your child's care are sent to eGuthrie, 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.**

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

Parent Name: \_\_\_\_\_ Guthrie Medical Record #: \_\_\_\_\_  
Address: \_\_\_\_\_ Last 4 digits of 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 eGuthrie account? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know

Physician Certification (if Applicable):

I certify that this patient is affected by a condition that prevents them from being able to appreciate and understand what they are signing.

Physician/Practitioner Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Physician/Practitioner \_\_\_\_\_ Phone#: \_\_\_\_\_

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 13 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

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature (if patient is age 12-17)