

Request/Authorization for Parental Proxy Access to MY MAIN LINE HEALTH CHART of Minor Patient Under 13 Years Old

A parent or court appointed legal guardian can access the My Main Line Health Chart of their child who is under thirteen (13) years old. To request parental access to the My Main Line Health Chart of a minor patient under 13 years old, please complete this form.

Requirements for parental proxy access to the My Main Line Health Chart of a minor patient under 13 years old:

- The individual requesting parental access must be the parent or court appointed legal guardian of the minor child under thirteen 13 years old
- The parent/court appointed legal guardian's completed and signed Request/Authorization for Parental Proxy Access to My Main Line Health Chart of Minor Patient Under 13 Years Old (this form)
- The parent/court appointed legal guardian must have an email address
- The parent/court appointed legal guardian must have a My Main Line Health Chart account

By requesting proxy access to your child's My Main Line Health Chart, you understand and agree to the following:

- The parent/court appointed legal guardian access to their child's My Main Line Health Chart is revoked when :
 - Parent/court appointed legal guardian submits a written request to revoke proxy access
 - Child turns 13 years old (parent/court appointed legal guardian and patient must reauthorize parent/court appointed legal guardian to limited access)
 - Child turns 18 years old
 - Child advises Main Line Health of their emancipated status
 - Access disputes cannot be resolved
- You (the parent /court appointed legal guardian) must have a My Main Line Health Chart account or one will be established for you by Main Line Health
- You must log in to My Main Line Health Chart with your own user id and password
- You must click "View Other Records" to access a patient's online records
- When you are signed in to your child's record, your child's name will be displayed in the header
- Communications via My Main Line Health Chart on behalf of your child must be sent from your child's record and responses will be received in your child's record
- You must abide by the My Main Line Health Chart Terms and Conditions of Use
- You are not required to use My Main Line Health Chart or agree to My Main Line Health Chart parental proxy access
- Main Line Health reserves the right to revoke on-line access to protected health information via My Main Line Health Chart at any time

Make sure to complete page 2 of this document

Patient Information (Minor Child Under 13 Years Old)

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Social Security Number (last 4 digits): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Parent/Guardian Information (Person requesting access to the patient's My Main Line Health Chart)

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Social Security Number (last 4 digits): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Proxy Relationship to Patient: ___Parent ___Court Appointed Legal Guardian

If Other, please specify _____

Do you (Proxy) have an active My Main Line Health Chart account? ___Yes ___No ___Don't know

I have read, understand and agree to the terms on page 1 of this form and understand the requirements and procedures regarding parental proxy access to the My Main Line Health Chart of my child under 13 years old. I also hereby affirm that I am the parent or court appointed legal guardian identified above and all information I provided is correct. I understand that I may be subject to penalties under law for submitting false or misleading information related to this Request/Authorization for Parental Proxy Access. I hereby request access to the My Main Line Health Chart of the patient named above.

Parent/Court Appointed Legal Guardian Signature: _____ Date: _____

Submit this completed form to MLH HIM Department in one of the following three methods:

1. Send paper copy via mail to: Main Line Health HIM Department, Suite 110, 3809 West Chester Pike, Newtown Square, PA 19073.
2. FAX the completed form to MLH HIM at FAX Number: 610-356-3531
3. Scan and email the completed form to MLH HIM at MLHePatientInfo@MLHS.org

****If you have an established My Main Line Health Chart account, you will receive a My Main Line Health Chart message when access to the patient's record is available; typically 5 to 7 business days after the required completed and signed Authorization and Request for Proxy Access forms are received. If you do not have a My Main Line Health Chart account, you will receive an email with instructions on how to create one. Please promptly activate your account.**