

## **Authorization for Parental Proxy Access to MY MAIN LINE HEALTH CHART Of Minor Patient 13-17 Years Old**

Allowing your parent or court appointed legal guardian to access and see some of your protected health information available on My Main Line Health Chart (an internet application where portions of your medical record can be viewed) is called proxy access.

**By granting Proxy access to your My Main Line Health Chart, you understand and agree to the following:**

- By allowing your parent/court appointed legal guardian proxy access to your My Main Line Health Chart, they will be able to see parts of your medical records stored on My Main Line Health Chart from all Main Line Health facilities and all Main Line HealthCare doctor practices. This includes information that is available now and information that may be available after this form is signed. Your parent/court appointed legal guardian will have access to the following:
  - Allergies
  - Immunizations (vaccines)
  - Request an appointment
  - Demographics (name, address, etc.)
  - Insurance information
  - Customer service requests
- Allowing your parent/court appointed legal guardian to access your My Main Line Health Chart is voluntary and you do not have to sign this form to receive medical care
- This permission form will end the day before you turn eighteen (18) years old or when you cancel your permission
- You may change your mind and cancel this permission at any time. It is your responsibility to cancel your permission if you no longer wish your parent/court appointed legal guardian to have proxy access
- To cancel your permission you should notify your doctor's office to help you with this request or you can make this request in writing by sending the request to: Main Line Health HIM Department, Suite 900, 1991 Sproul Road, Lawrence Park Shopping Center, Broomall, PA 19008. Your cancellation will not affect any information that your parent/court appointed legal guardian got before their access was stopped.
- Your parent/legal guardian may have the legal right to access all or parts of your medical records in other ways
- Main Line Health reserves the right to cancel 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**

**Your Information**

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: \_\_\_\_\_

**Parent/Court Appointed Legal Guardian Information**

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 \_\_\_\_\_

I have read, understand and agree to the information on page 1 of this form. I agree that my parent/court appointed legal guardian I have listed above can have access to my My Main Line Health Chart account. I understand and agree that by granting this access, my parent/court appointed legal guardian will have access to some of my protected health information as listed on page 1 of this form.

Patient 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 900, 1991 Sproul Road, Lawrence Park Shopping Center, Broomall, PA 19008.
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](mailto:MLHePatientInfo@MLHS.org)