



Parental Consent for Teen (13-17)

MyChart™ Account

Parents and legal guardians of minor patients (13-17) can complete this form to allow their teen to establish a personal MyChart™ account with University Health. The personal MyChart account will enable your child to view appointments and access more health information than is available through standard proxy access. Furthermore, your teen will be able to communicate directly with University Health clinicians to discuss appointments, test results, and seek health guidance.

Please know that progress notes, clinical/diagnostic orders and appointments may be blocked from parental view if confidential criteria is met under local and federal law. The medical records that meet teen confidentiality pertain to: family planning, sexually transmitted/reportable diseases, pregnancy, mental health and substance abuse counseling per Texas Family and Safety Code 32.003, 32.004 safety code 81.041 and HIPAA Privacy Act Federal Regulation 45 CFR 164.502 (g) (3).

Section I. Patient (Teen’s) Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
Last First MI MM DD YYYY

Home Address: \_\_\_\_\_
Street Address City State Zip Code

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Section II. Requestor (Parent/Legal Guardian) Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
Last First MI MM DD YYYY

Home Address: \_\_\_\_\_
Street Address City State Zip Code

Phone #: \_\_\_\_\_ Cell Home Work

Relationship to Patient: Parent Legal Guardian

By signing this Authorization Form, I acknowledge and agree that:

- I am the parent or legal guardian of the teen (13-17).
I am giving my permission for University Health to disclose my child’s protected health information (PHI) through the MyChart™, to my teen, which may include but is not limited to health summary, current problem list, current medications, lab results, and appointment information. This may include information relating to 1) Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV) infection, 2) treatment for drug or alcohol abuse, or 3) mental or behavioral health or psychiatric care.
My teen must utilize a personal email address when creating their MyChart™ account.
Access to the MyChart™ account is subject to federal and state privacy laws and regulations. I cannot use my teen’s activation code, log-in credentials, or otherwise access the account under their user credentials.
I cannot access certain information provided to or by my teen through the MyChart™ account such as direct communications with University Health clinicians, which includes MyChart™ messages between my teen and their doctor.
The information released to the account may include health information produced by University Health before the teen’s 13 birthday.
I am responsible for my teen’s understanding of and obligation to comply with University Health’s MyChart™ Terms and Conditions.
I must call University Health customer service at 210-358-1777 to withdraw consent for my teen’s (13-17) personal account.

X \_\_\_\_\_
Parent or Legal Guardian Signature Relationship to Patient Date

If you have any questions or need help completing this form, please contact the Health Information Management Department (aka: Medical Records)
Phone: (210)358-1777 FAX:(210)702-4088
Walk ins available at: 701 S. Zarzamora SATX 78207/ 4502 Medical Drive SATX 78229

Office Use Only:
Patient (Teen’s) MRN \_\_\_\_\_ Approved; Manual Invite Sent On: \_\_\_\_\_ Security Code: \_\_\_\_\_
Rejected: Reason: \_\_\_\_\_

