Parental Access to the Online Medical Record of a Child Under 14 Years Old

Requirements and Procedures

Birth parents or legal guardians can access the online medical record for their children who are under 14 years old.

Requirements for accessing a child’s record:

- Birth/adoptive 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 MyChart account or a MyChart account will be established by the MyChart staff

I understand that:

- I must have a MyChart account or an account will be established for me
- I must log in to MyChart with my own User ID & Password
- I agree to abide by the terms and conditions of the MyChart site
- When my child turns 14 years old, access will be automatically terminated, and I will need to send the appropriate form with required signatures to re-authorize access
- **MyChart 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
- Child turns 14 years old (parent and patient must re-authorize access)
- Child turns 18 years old
- Child advises Reading Health System of his/her emancipated status
- Parent/parent or parent/child access disputes cannot be resolved

Patient’s access to online medical information is revoked when all parent/legal guardian access is revoked. Reading Health System 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 record and responses will be received in your child’s record. MyChart email alerts will be sent to the email address entered in the child’s record.

If you have a MyChart account, you will receive a MyChart message when access to the patient’s record is available, typically 24 business hours after completed authorization form is received.

If you do not have a MyChart account, you will receive a MyChart Activation Letter with instructions on how to create one. If you do not activate your account within 60 days after receiving you MyChart Activation Code, your code will expire. Please promptly activate your account.
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Parental Authorization Form

Please enter Child’s information:

Child’s Name: ___________________________ Social Security # (Last 4 digits): XXX-XX-_______
Address: __________________________________ Date of Birth: _____________________________
__________________________ Gender: _______ Male ________ Female

To be notified when new messages about your child’s care are sent to MyChart, please list an email address:
________________________________________________________________________________________
________________________________________________________________________________________

Please enter Birth Parent/Legal Guardian information:

Parent Name: ___________________________ Date of Birth: _____________________________
Address: __________________________________
__________________________ Gender: _______ Male ________ Female

Note: Access to child's online record is only available to birth parents or individuals with legal guardianship.

Do you (parent/legal guardian) have an active MyChart account? ___Yes ____ No ___ Don’t Know

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 Child Under 14 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 Birth Parent/Legal Guardian Signature

Mail completed Parental Authorization Form to:
Reading Hospital Records Center
Attn: MyChart
PO Box 16052
Reading, PA 19612-6052
Phone: 484-628-6924
Fax: 484-628-9777
Email: RHSMychart@Readinghealth.org