

UNIVERSITY OF MARYLAND MEDICAL SYSTEM
AND
UNIVERSITY OF MARYLAND FACULTY PHYSICIANS, INC.
MYCHART
TERMS AND CONDITIONS OF
PARENT/GUARDIAN AND MINOR PATIENT ACCESS

Certain medical record information is available to minor patients and their parents and legal guardians (“Parents/Guardians”) through MyChart (“MyChart Information”). Access to such MyChart Information is granted pursuant to the University of Maryland Medical System and University of Maryland Faculty Physicians, Inc. MyChart General Terms and Conditions of Patient Usage (“General MyChart Terms and Conditions”) and pursuant to the terms and conditions described herein. The University of Maryland Medical System (“UMMS”) and University of Maryland Faculty Physicians, Inc. (“FPI”) are defined in the same manner as in the General MyChart Terms and Conditions.

Under Maryland law, minors do not need adult consent for certain health care services and may obtain and consent to such services on their own as if they were an adult (“Adult Services”). Accordingly, minor patients may view information related to such Adult Services.

Access By Parents/Guardians and Minor Patients

For patients younger than age 12, Parents/Guardians may access such patient’s MyChart Information, without the patient’s consent.

For patients ages 12 to 17 accessing MyChart through a patient portal with the ability to limit access to Adult Services’ information:

- Parents/Guardians may access a limited scope of such patient’s MyChart Information. Certain MyChart systems are designed to restrict inclusion of the patient’s Adult Services information in the MyChart Information accessible by Parents/Guardians.
- Such patient may access the full scope of his/her own MyChart Information with his/her Parent/Guardian’s consent.

For patients ages 12 to 17 accessing MyChart through a patient portal without the ability to limit access to information regarding Adult Services:

- Neither patients nor their Parents/Guardians will have the ability to access such patient’s MyChart Information since those systems are unable to restrict inclusion of the patient’s Adult Services information in the MyChart Information accessible by Parents/Guardians.

Length of Consent

A Parent/Guardian’s MyChart consent is valid for one year. Unless the consent is revoked, the consent will automatically extend on a year to year basis.

Revocation of Consent

A Parent/Guardian may revoke their consent for a minor patient's access to MyChart Information at anytime. A Parent/Guardian's access to a minor patient's MyChart Information will be terminated when/if UMMS/FPI is notified:

- The Parent/Guardian loses parental/legal rights;
- The patient turns 18 years old;
- The patient is married;
- The patient becomes the parent of a child.; or
- The patient is determined by a court to have adult capacity.

UMMS or FPI may revoke a Parent/Guardian's access to the patient's MyChart Information at anytime, as provided in the General MyChart Terms and Conditions.

All revocations must be in writing and in the format required by UMMS/FPI.

Parent/Guardian Authority to Access

All Parents/Guardians accessing a minor patient's MyChart Information must be legally authorized to do so. Parent/Guardians must provide documentation of such authority as requested by UMMS or FPI.

MyChart Accounts

Parents/Guardians and minor patients, who want access to MyChart, must have their own individual MyChart account. All appropriate MyChart forms, including the General MyChart Terms and Conditions, must be completed.

**MYCHART
PARENT/GUARDIAN AND MINOR PATIENT ACCESS FORMS**

I. MINOR PATIENT INFORMATION:

Name: _____ Date of Birth: _____

Email: _____ Phone Number: _____

Medical Record Number: _____

Address: _____

Street/P.O. Box

City, State, Zip Code

II. PARENT/GUARDIAN INFORMATION:

A. Parent/Guardian #1

Name: _____ Date of Birth: _____

Email: _____ Phone Number: _____

Address (if different from Patient) _____

Street/P.O. Box

City, State, Zip Code

Relationship to Patient (check one): Check the applicable box and provide the requested documentation.

- Parent
- Guardian (* Guardians must provide documentation of authority as requested by UMMS or FPI.)

B. Parent/Guardian #2 (if applicable)

Name: _____ Date of Birth: _____

Email: _____ Phone Number: _____

Address (if different from Patient) _____

Street/P.O. Box

City, State, Zip Code

Relationship to Patient (check one): Check the applicable box and provide the requested documentation.

- Parent
- Guardian (* Guardians must provide documentation of authority as requested by UMMS or FPI.)

III. CERTIFICATIONS AND CONSENTS

For Parents/Guardians of ALL Minor Patients

A. Parent/Guardian's Certification:

I have read, understand and agree to this MyChart Terms and Conditions of Parent/Guardian and Minor Patient Access. I certify that I am the Parent or Guardian of the patient named above and I hereby request access to such patient's MyChart Information.

Signature of Parent/ Guardian

Date

For Parents/Guardians of Minor Patients Ages 12-17

B. Parent/Guardian's Consent to Minor Patient's Access to MyChart Information:

I have read, understand and agree to this MyChart Terms and Conditions of Parent/Guardian and Minor Patient Access. As the Parent/Guardian of the above named patient, I consent to such patient's access to his/her MyChart Information. I understand that the scope of the patient's information available to him/her through MyChart will include information related to any Adult Services to which he/she may individually consent and obtain. I understand that I will not have access to this information through MyChart.

Signature of Parent/ Guardian

Date

IV. REVOCATION

A. Parent/Guardian's Revocation of Consent to Minor Patient's Access to MyChart Information:

I have read, understand and agree to the MyChart Terms and Conditions of Parent/Guardian and Minor Patient Access. I revoke my consent to allow my child, the above named patient, to access his/her MyChart Information. I understand that by revoking such consent, I, too, will not be able to access such patient's MyChart Information.

Signature of Parent/ Guardian

Date