

**Meditech Patient Portal - Adolescent Proxy Consent and Directed Access Request Form**  
(Proxy Access for patients between the ages of 13-17)

**1. Adolescent Patient Information:**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_ **Medical Record Number:** \_\_\_\_\_  
Street Address City, State Zip Code (Optional)

**2. Proxy Information (Parent/Guardian):**

**Proxy Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
Street Address City, State Zip Code

**Email Address:** \_\_\_\_\_

**Does the proxy have an active Meditech Portal account?** Yes No

**Has the proxy ever been a patient at one of our healthcare facilities?** Yes No

**Adolescent Proxy Consent and Directed Access**

**Select which Portal accounts are being requested:**

\_\_\_ **Parent/Guardian Proxy of Adolescent: (Full Access)**

- The adolescent patient should sign this form to provide authorization for release of their medical information.
- Authorization for proxy access is valid until adolescent reaches age of 18, at such time the proxy access will be removed

\_\_\_ **Adolescent Patient Account (Full Access)**

- The parent/guardian should sign this form to provide authorization for release of the medical information.

If both accounts are being requested, please ensure both parties sign this form below.

**Background Information:** State law gives adolescents (teenagers) from 13 through state's age of majority the right to control some types of health information about them, and gives parents/guardians the right to control other types of information about their adolescent children. Because of this, if parents/guardians want to have full access to their adolescents' health information, the adolescent must consent and direct that their access rights be given to the parent/guardian. In the same way, if adolescents want full access to all their health information (including the information controlled by parents/guardians), the parent must consent and direct their access rights be given to the adolescent. This form can be used for both types of consent/directed access.



**To the Adolescent:** Your parent/guardian wants to have access to all your health information, including the information you control under state law. For that to happen, you must give permission for your parents/guardians to see ALL your medical information in the patient portal.

The information you can view in the patient portal includes: Identifying information (like name, date of birth, ethnicity, phone number, email address, etc.); clinical information such as allergies, medications, immunizations, procedures, doctor's notes, laboratory test results, and more.

- In addition the patient portal will have information about any treatment you have for sexually-transmitted diseases, pregnancy, birth control, HIV/AIDS, mental health, substance use disorder, etc. It may list medicines you take, including birth control pills or medicines for sexually-transmitted diseases.
- You have the right to revoke (take back) your consent for your parents/guardians to see your information at any time. You can revoke your consent by contacting your healthcare organization and asking for and filling out a "Revocation of Patient Portal Access" form. If you revoke your consent, your parents/guardians will not be able to see ANY medical information about you in the patient portal. That is because our computer systems cannot segment (separate out) the information that you control under state law from the information that your parent/guardian controls.

**To the Parent/Guardian:** Your adolescent child/ward wants access to all their information, including the information you control under state law. For that to happen, you must give permission for your adolescent to see ALL their medical information in the patient portal.

Please look at the types of information (listed above) that are available in the patient portal.

- You have the right to revoke (take back) your consent for your adolescent to have access to all their information at any time. You can revoke your consent by contacting your healthcare organization and asking for and filling out a "Revocation of Patient Portal Access" form. If you revoke your consent, your adolescent will not be able to see ANY medical information in the patient portal. That is because our computer systems cannot segment (separate out) the information that you control under state law from the information that your adolescent controls. You will still be able to see all your adolescent's information unless they choose to revoke their consent/directed access.

**Parent/Guardian's Consent/Directed Access Request:** I hereby consent and direct that the adolescent whose name is listed above have access to the health information about the adolescent that I control within the Meditech patient portal.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Adolescent's Consent/Directed Access Request:** I hereby consent and direct that my parent/guardian whose name is listed above have access to ALL my health information in the Meditech patient portal, including the information that I control.

Adolescent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

