



**DCMH Minor Patient Portal Consent**

Decatur County Memorial Hospital (“We” or “Us”) offers MyHealth (the “Portal”) as a convenient means for accessing patient health information. The Portal is configured in a manner that provides the patient with access to their health information and provides the patient Portal account holder with the ability to share that patient information with others. When the patient is a minor, the parent/legal guardian (“Parent”) is generally in control of who can access the minor patient’s health information, however there are circumstances where a minor is permitted to seek health care services confidentially and without the knowledge of the Parent. This Consent describes how we honor these obligations of confidentiality to the minor patient when a patient and Parent have consented to the continued use of the Portal subject to its technical limitations.

From birth until the age of adolescence, We provide the Parent with the login credentials for the minor patient Portal account. At the age of adolescence (generally around the age of 13), the healthcare needs of a patient may change, and the patient may seek care on their own behalf. In such circumstances where the minor seeks healthcare services on their own behalf, applicable privacy law may place the minor patient in control of who can access that information the healthcare provider has about the minor initiated healthcare services.

As a condition of providing continued access to a minor patient’s portal account, We need the adolescent patient and Parent (collectively “You”) to understand the limitations and restrictions of the Portal as outlined below. We need You, the adolescent patient and the Parent, to tell Us if You would like to continue to use the Portal subject to the limitations and restrictions described below. If You both do not agree to these additional conditions and limitations, We will suspend access to the minor Patient’s information via the Portal.

If You elect to continue to utilize the Portal, then the credentials (unique login and password) of the account will be associated with the minor patient, and a proxy account will be established for each parent/guardian that is identified. A Parent may create, modify or terminate a proxy account by contacting the Registration Department (“Reg Dept.”) at [regrequest@dcmh.net](mailto:regrequest@dcmh.net).

By signing below, both the Parent and minor patient understand and agree that as a condition of continued access to the Portal, Parent and minor patient agree:

1. Proxy account(s) will be established for the Parent giving the Parent access to the minor patient’s medical record.
2. The patient information will be available in all proxy accounts.
3. If the Parent would like to request access to or copies of information not appearing in the Portal, the Parent may make a request to the HIM Dept. In certain circumstances, the Parent understands that the consent of the minor patient may also be required to establish such access or permit the release of health information.
4. The Parent and/or minor patient may terminate this consent at any time and We will suspend access to the information about the minor patient in the Portal.
5. When the patient turns 18 years old, all proxy access to the Portal account will terminate. The patient can then request portal access themselves and control all proxy access.

**Acknowledged and Agreed:**

**PARENT**

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

**CHILD**

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_