

My IU Health: Health Services  
Parent / Guardian Consent for Minor Patient Online Access

Lack of Confidentiality is one of the reasons that teenagers forego necessary medical care. My IU Health's online Health Services is available for the parents and guardians of their minor children until the age of 14. Providing our adolescent patients with the assurance of confidentiality has important implications for how physicians manage their care and their willingness to disclose sensitive health information. Therefore, IU Health does not provide online medical information access to parents and guardians for teenager's aged 14 through 17 years old. However, My IU Health users, regardless of age, may share access with others.

To allow your child access to his or her My IU Health: Health Services account, please complete this form and return it to the address shown below. Completing this consent form grants access only to the adolescent patient. The signing of this form does not affect any legal right you have to access your child's record by other means.

**This form should be returned to the patient's physician's office or the hospital to be placed in the patient's medical record. If you are completing this as a minor patient's guardian, please also include a copy of the applicable guardianship Court Order.**

I (the Parent/Guardian identified below) hereby request and authorize Indiana University Health, Inc. to release and to furnish to the minor patient identified below the entire medical records and information available through My IU Health: Health Services online patient portal:

Patient Name: \_\_\_\_\_  
Patient Medical Record Number (if known): \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Patient Date of Birth: \_\_\_\_\_  
Last Four Digits of the Patient's Social Security Number: \_\_\_\_\_

I do not intend for this authorization to expire, but understand that this authorization is subject to revocation at any time except to the extent action has been taken based upon it.

Information used or disclosed as a result of this authorization may be further disclosed by the patient and therefore no longer protected. IU Health does not and cannot condition treatment, payment, enrollment or eligibility for benefits on whether you execute this form except as may be provided by applicable statute, rule or regulation.

**Parent / Guardian Information** (all information is required – please print clearly.)

Name (*last, first, middle initial*) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please provide the following information for the minor patient** (all information is required.) If you have more than one minor patient to whom you would like to grant access to his online account, please complete a form for each patient.

Name (*last, first, middle initial*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient MRN (*office use only*): \_\_\_\_\_

To request a paper copy of your minor patient's record, contact Health Information Management:

HIM Release of Information  
1701 N. Senate Ave.  
Indianapolis, IN 46202  
317.962.8670

By signing below, I represent that I am the minor patient's legal parent or guardian authorized to make health care decisions for him. I acknowledge and agree that I have read and understand this My IU Health Guardian Consent for Minor Online Access Form. I agree that whenever I access the minor patient's online account that I shall abide by and be bound by the terms and conditions which govern the use of My IU Health: Health Services Account.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of guardian                      Relationship to patient                      Date (required)