INOVA
ValleyHealth

2PROXY

Teen Patient Information

Teen Patient Name (last, first, middle initial): _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Name(s): _____ Date of Birth: _____

Home Phone #: _____ Mobile Phone #: _____ Email: _____

Parent/Legal Guardian Information

Parent/Legal Guardian Name (last, first, middle initial): _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Name(s): _____ Date of Birth: _____

Home Phone #: _____ Mobile Phone #: _____ Email: _____

Relationship to Teen Patient:

- ☐ Custodial Parent
- ☐ Non-Custodial Parent
- ☐ Legal Guardian (this form must be accompanied by a copy of legal paperwork verifying legal guardianship)

Permission for Teen Access to MyChart

☐ I grant permission for my teen (age 14 to 17) to access his/her medical information by creating his/her own MyChart account. I understand that:

- **MyChart is not an emergency response system and is not to be used for urgent and/or emergent messages.**
- The information in my teen patient's health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse.
- Granting my teen permission to create his/her own MyChart account is voluntary. I can refuse to sign this form. Inova or Valley Health will not condition any health care treatment, payment or other services on whether this form is provided.
- This permission will remain valid until my teen turns 18 or until revoked by a parent or legal guardian. This permission can be revoked at any time by sending written notice as described below. MyChart access automatically deactivates when a patient is marked deceased.
- I will not have access to the information in my teen's MyChart account unless I fill out a separate Proxy Access to Medical Records via MyChart form and my teen grants me proxy access. I will need my own MyChart account for proxy access. If my teen refuses to grant or decides to revoke my proxy access, my teen will still be able to access his/her own information through MyChart until I revoke this permission by sending written notice as described below.
- Medical information carries with it the potential for an unauthorized re-disclosure. If this occurs, the information may not be protected by federal confidentiality rules. If I have questions about disclosure of medical information, I can contact the Compliance Department at Inova 703-205-2337, or Valley Health 844-601-1872.
- This form must be filled out completely, signed and dated in order to be considered valid. Activation of MyChart teen access must occur within 30 days from the date of this form.

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ❑ Male ❑ Inova

☐ Inova
☐ Valley Health

Permission or Revocation for Teen Access to MyChart

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Terms and Conditions:

- MyChart is intended as a secure online source of confidential medical information. I will inform my teen that sharing of his/her MyChart ID and password is strongly discouraged as it may compromise personal medical information. If my teen were to share his/her MyChart ID and password with another person, that person may be able to view my teen's health information. Inova and/or Valley Health are not liable for any breach of privacy that may result from such sharing.
- I understand that it is my teen's responsibility to select a confidential password, to maintain his/her password in a secure manner, and to change his/her password if he/she believes it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from Health Information Management (Medical Records Department).
- I understand that my teen's activities within MyChart may be tracked by computer audit and that entries he/she makes may become part of the patient's medical record.
- I understand that access to MyChart is provided by Inova and Valley Health as a convenience to their patients and that Inova and Valley Health have the right to deactivate access to MyChart at any time for any reason.

Revocation of Teen Access to MyChart

☐ I revoke permission for my teen (age 14 to 17) to access his/her medical information through his/her own MyChart account. I understand that:

- It is my responsibility to submit this form to Inova or Valley Health staff.
- Deactivation of my teen's MyChart account may take up to 3 business days from the time that this form is received by Inova or Valley Health.
- When my teen's MyChart account is deactivated, any parent or legal guardian proxy access will also be deactivated.

By signing below, I certify that I am the parent or legal guardian of the teen patient named above. I acknowledge that I have read and understand the contents of this form and I agree to all terms. I further agree on behalf of myself and my teen to waive and release the physician, Inova or Valley Health, and its affiliated entities, and their officers, directors, employees, agents, successors, and assignees from any and all claims or causes of action that are in any way related to the use or deactivation of MyChart.

_____ Date: _____ Time: _____
Parent/Legal Guardian (signature)

_____ Relationship: _____
Parent/Legal Guardian (print name)

Interpreter Information (To be completed by Inova or Valley Health staff, if applicable):

☐ In person ☐ Telephonic ☐ Video Interpreter name/ID number (if applicable) _____

☐ Patient/Designated Decision Maker was offered and refused interpreter ☐ Waiver signed

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ❑ Male ❑ Female

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Valley Health
Permission or Revocation for Teen Access to MyChart

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