

# Central Vermont Medical Center

## Medical Group Practice Patient Portal Access Form - Accessing a Minor's Records

### Patient Information: (Patient's medical record that the portal user will access)

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Gender: M F

### Parent/Guardian's Information: (only one user account can be created)

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

User Name: \_\_\_\_\_ If you have no preference, one will be created for you.

### About the Patient Portal – My Health Online

My Health Online is a web-based system that allows you to securely access the patient's medical record from home or anywhere you can connect to the internet. The portal is encrypted and password protected. Information that you view is stored in Central Vermont Medical Center's secure database, and not on the internet. Once your My Health Online account is activated, you will receive confirmation through the e-mail you provided to us. We will not share information about your e-mail address or password. If at any time you believe that your e-mail account and/or password have been compromised, it is your responsibility to inform us so we can provide you a new portal password. We can also suspend your portal access for a period of time, if you have chosen to establish a new secure e-mail account with your internet provider. Your access can also be disabled if you choose to discontinue use of the portal.

I understand the following about My Health Online:

- **My Health Online is used for NON-URGENT information. If there is an emergency, I WILL CALL 911.**
- Vermont state law protects the patient privacy of minors for certain types of treatment. Parents/guardians of children aged birth thru 9 years, are eligible to sign up to access the child's medical record. At this time, portal access to a minor's medical record is not available for patients 10 years of age until 18 years of age.
- My Health Online activation is done through a personal e-mail account, a work email is not recommended.
- Information may not be immediately available.
- Not all entries in my medical record can be viewed.
- Highly sensitive information may be excluded from the portal.
- At any time I can request a copy of the child's medical record from the Health Information Management department by calling 802-371-4213, Monday – Friday between 7:00am – 4:00pm. Additional information about how to access my medical records can be found at <http://www.cvmc.org/>

By signing this form, I am authorizing Central Vermont Medical Group Practice to create a portal user account for the minor patient listed above. I understand that the portal access can be revoked at any time by notifying the medical practice of the child.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_

### For Office Use Only

I have authenticated the identity of the person named in this authorization form:

- Picture ID       Person is known to me       Compared signature with signature on file.  
 Other (specify) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_