

### Parental Access to the Online Medical Record of a Patient Under 12 Years Old

#### Requirements and Procedures

Parents or legal guardians can access the online medical record for their children who are under 12 years old.

Requirements for accessing a child's record:

- Parent or individual requesting proxy access must have legal guardianship rights
- Parental authorization form must be completed and signed
- Each parent or individual requesting proxy access must have their own My RRM Health Site account

I understand that:

- I must have a My RRM Health Site account already set-up.
- I must complete a Patient Portal Invite form for my child.
- When the proxy application is approved, and I receive the Invite, I click on "Accept Invitation."
- When the site opens, I click on "I manage (name of child) health."
- I will complete questions regarding DOB and security question, as specified on the invite form.
- I confirm that I already have an account and sign in with my own e-mail and password.  
(Under your name, you will see "Change person")
- I will now be able to toggle back and forth between my health information and the child's for whom I have been granted proxy access.
- Secure Messaging in **My RRM Health Site is not to be used in an emergency**

Parent/Legal Guardian access to a child's record is revoked when:

- Parent/legal guardian submits a written request to RRM Patient Access Department
- Child turns 12 years old

When signed into another person's online medical record, you will see a message at the top of the page listing the patient's name and alerting you that you are reviewing their record. This will serve as a visual indication that you are in the proper record.

You will receive a My RRM Health Site message in your Medical Message Center when access to the patient's record becomes available, typically 5 to 7 business days after the signed authorization form is received and processed.



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Parental Authorization

Please enter **Child's** information below:

Child's Name: \_\_\_\_\_ RRM Medical Record #: \_\_\_\_\_

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

Gender:  Male  Female

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Please enter **Parent/Legal Guardian** information below:

Parent Name: \_\_\_\_\_ RRM Medical Record #: \_\_\_\_\_

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

Gender:  Male  Female

Former Name(s) – e.g. maiden name: \_\_\_\_\_

Relationship to patient:  Parent  Legal Guardian  Other

If other, please specify: \_\_\_\_\_

**Note: Access to child's online record is only available to parents or individuals with legal guardianship.**

Do you (parent/legal guardian) have an active My RRM Health Site account?  Yes  No  Don't Know

I have read and understand the requirements and procedures for accessing my child's medical record information online as provided on page one of this document titled, Parental Access to the Online Medical Record of a Child Under 12 Years Old.

I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to my child's online record.

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

Please attach a copy of Guardianship Papers to this form. (HIM to scan documents to patient level under request/auth event set)