

## My RRMC Health Site

### 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 RRMC Health Site account

I understand that:

- I must have a My RRMC Health Site account currently.
- 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 date of birth and security question as specified on the 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 RRMC 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 RRMC Patient Access Department.
- Child turns 12 years old.

When signed into another person's online 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 RRMC Health Site message in your Medical Message Center when access to the patient's record becomes available. This can take up to 7 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: \_\_\_\_\_

RRMC Medical Record #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Gender (Circle): M F Other

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

Parent/Guardian Name: \_\_\_\_\_

RRMC Medical Record #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Gender (Circle): M F Other

Phone #: \_\_\_\_\_

Email Address (associated with active My RRMC Health Site account): \_\_\_\_\_

Former Name(s), e.g. Maiden Name: \_\_\_\_\_

Relationship to Patient (Circle): 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.**

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

Date/Time: \_\_\_\_\_ 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).