



Parent/Guardian Patient Portal Account Request Form

Person requesting access must be a parent or legal guardian.

A Parent/Guardian Account allows a parent or legal guardian to have access to the Personal Health Record (PHR) of a patient in his/her care. To open a Parent/Guardian Account, please fill out the form below and return to your doctor's office or Mercy Iowa City registration staff.

By completing and signing this form:

1. I certify that I am the parent/legal guardian of the patient and I have the legal right to access his or her health information.
2. I understand that any individuals I name below will have online access to personal health information, including, but not limited to, viewing portions of the health record and requesting appointments.
3. I understand that additional information may be made available to me through the PHR in the future.
4. I understand that this form only gives access to the patient's PHR. This form does not authorize the release of the patient's medical record by other methods or in other formats.

(To request copies of the patient's medical record, please contact Mercy Iowa City's Release of Information Department at 319-339-3785.)

5. I understand that access to the patient's PHR is provided by Mercy Iowa City as a convenience to its patients. Mercy Iowa City has the right to deactivate access to the PHR at any time, for any reason.

PATIENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ DOB: _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____ Date of Birth: _____

Email Address (please print): _____

Relationship to Patient: Birth or Adoptive Parent Legal Guardian* Other* _____

Parent/Legal Guardian Signature: _____ Date: _____

*Any person signing this form other than the birth or adoptive parent of the patient MUST provide a copy of legal paperwork that such person has the right to this information. Failure to submit legal paperwork will result in denial of access.

ADDITIONAL PARENT/GUARDIAN ACCOUNT(S)

By completing this section, I am requesting that Mercy Iowa City gives access to the patient's PHR to the following individual(s):

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____ Date of Birth: _____

Email Address (please print): _____

Relationship to Patient: Birth or Adoptive Parent Legal Guardian* Other* _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____ Date of Birth: _____

Email Address (please print): _____

Relationship to Patient: Birth or Adoptive Parent Legal Guardian* Other* _____

*Any person signing this form other than the birth or adoptive parent of the patient MUST provide a copy of legal paperwork that such person has the right to this information. Failure to submit legal paperwork will result in denial of access.

Provider Office Use Only – REQUIRED INFORMATION:

MRN: _____ Practice/Office: _____

Reviewer Name: _____ Office Phone #: _____

Date: _____ Office Email: _____

Requestor(s) Eligible for Access Requestor(s) Not Eligible for Access

Reason: _____