



MyLifespan® Teen Proxy (ages 12-15 years) Access Request Form

Patient Information

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

Date of Birth: _____

Email: _____

Address (street, city, state, zip):

Phone Number: (circle one) Mobile / Home / _____

I authorize Lifespan and its affiliates and my health care providers who are partnering with them (my "Provider") to share my health information in my MyLifespan account with the individual listed below (my parent or legal guardian).

- I understand MyLifespan contains selected, limited health information[†] from my medical record and does not reflect the complete contents of my medical record. A complete medical record may be requested directly from my Provider.
- I understand and agree to abide by MyLifespan Terms and Conditions, which is displayed at <https://my.lifespan.org/mychartprd/default.asp?mode=stdfile&option=termsandconditions> and guidelines listed below. I verify that the information I have provided above and below is true and correct.

Patient Signature: _____

Date: _____

Parent/ Legal Guardian Signature: _____

Date: _____

MyLifespan Proxy Information (All fields are required)

Proxy Name (*first, middle initial, last*): _____

Date of Birth: _____

Email: _____

(continued on next page)

Address (street, city, state, zip):

Phone Number: (circle one) Mobile / Home / Work _____

Relationship to Patient: (circle one) Parent / Legal Guardian / Other

If Other, please specify: _____

Do you have an active MyLifespan account? (circle one) Yes / No / Unknown
(If you do not have an account, one will be created for you as part of this proxy request)

I agree to abide by MyLifespan Terms and Conditions displayed at the hyperlink noted above and guidelines listed below.

Parent/Guardian Signature: _____

Date: _____

General Guidelines

- MyLifespan should never be used for emergencies or urgent health matters; FOR ALL MEDICAL EMERGENCIES, PATIENT OR PROXY SHOULD IMMEDIATELY DIAL 911.
- MyLifespan may include current or past medications, allergies, recent diagnoses (problems), physician notes, laboratory test results, diagnostic tests (such as toxicology screens), radiology and/or pathology reports and any other health information from my medical record that is accessible in the future in MyLifespan.
- MyLifespan may also include **sensitive** health information from the patient's medical record, which is subject to special restrictions on disclosure, such as behavioral health, substance use disorder, communicable diseases, HIV/AIDS, abortion, transgender services, genetic, family planning and reproductive health care information of the patient.
- It is the Patient's ("You" or "Your") responsibility and your Proxy to select a confidential password, to maintain such password in a secure manner, and to change such password if Your or your Proxy believe it may have been compromised in any way. If You or your Proxy shares your or your Proxy's MyLifespan ID and password with another person, that person may improperly view Your health information.
- Your and your Proxy's activities within MyLifespan may be tracked by computer audit and any entries that You or your Proxy make may become part of Your medical record. You have the right to request an amendment to any inaccurate health information contained in MyLifespan by contacting your Provider. If your Provider is a Lifespan affiliated hospital, clinic, center or program, see "Right to Amend" online at www.lifespan.org/lifespan-summary-joint-privacy-practices.
- Access to MyLifespan is provided by Lifespan affiliates and its partners as a convenience to their patients, and they reserve the right to deactivate Your access to MyLifespan at any time for any reason. Also, You and/or your Proxy's access to any information about You may be revoked by You through a written request.
- You and/or Your authorized personal representative may obtain an electronic or paper copy of Your complete medical record from your Provider, see details online at www.lifespan.org/patients-visitors/request-medical-records.

Teen (Age 12-15) Sign-up to Access MyLifespan

If You are age 12-15, Your parent or guardian will be encouraged to give consent to You to have private access to Your health information in MyLifespan. You will not be able to terminate Your access to MyLifespan without Your parent's permission. Additionally, by default Your parent or guardian will have only a limited view of Your health information, such as **Your allergies and billing information**. In certain instances, following discussion with and agreement by Your Lifespan primary or specialty care provider, Your parent may have additional view of Your health information ranging from scheduling and upcoming medical procedure information to a full view of Your health information. If deemed necessary to prevent harm to You, Your Lifespan primary or specialty care provider may revoke Your view of Your health information, while retaining Your parent's or guardian's full view of Your health information.

A MyLifespan account will not be activated if Your parent or guardian cannot consent to Your private access to Your sensitive health information, unless requested differently from the default view by Your Lifespan primary or specialty care provider; additionally, Your parent or guardian may have the right to obtain an electronic or paper copy of Your complete medical record directly from your Provider.

In lieu of a signature, Your parent/guardian may verbally consent, utilizing a remote sign-up process, to permit You, if age 12-15, to access a MyLifespan account if You and Your parent or guardian determine it is in Your best interest and verbal consent is so noted and documented during Your sign-up process. Limited view Proxy will be the default; any other view will be activated only after discussion with and approval by Your Lifespan primary or specialty care provider.

For Office Use Only:

Please check below if an approved proxy view other than the default has been requested by the patient's provider.

____ 1. Full view Proxy (by provider request only)