



## MyLifespan® Teen Proxy (ages 12-15years) 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 child's health care providers who are partnering with them (my child's "Provider") to share their health information<sup>†</sup> in MyLifespan account with the individual listed below (my child's "Proxy" and personal representative).

- I understand MyLifespan contains selected, limited health information<sup>†</sup> from my child's medical record and does not reflect the complete contents of my child's medical record. A complete medical record may be requested directly from their 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**<sup>†</sup> health information from the patient's medical record, which is subject to special restrictions on disclosure, such as behavioral health<sup>†</sup>, substance use disorder<sup>†</sup>, communicable diseases<sup>†</sup>, HIV/AIDS<sup>†</sup>, abortion<sup>†</sup>, transgender services<sup>†</sup>, genetic<sup>†</sup>, family planning and reproductive health care information<sup>†</sup> 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 You 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](http://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](http://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 by the Provider 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, Your parent or guardian will continue to have a limited view of information such as Your billing, scheduling, upcoming medical procedures and allergies. A MyLifespan account will not be activated if Your parent or guardian cannot consent to Your private access to Your sensitive† health information; however, 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 to permit You, if age 12-15, to access a MyLifespan account if Your Provider determines it is in Your best interests and the Provider will so note that verbal consent on the applicable signature line.