

Patient Label

**Sentara Healthcare
Authorization for MyChart:
Teenaged Children (Ages 14-17)**



As a parent/legal guardian, you can request that your child have access to their online medical record.

I, _____ am requesting that my child have access to their online medical record:
 YES NO

Teenager/Patient Information:		
Name:	Date of Birth:	SSN/MRN
Address:		
Email Address:		

Parent/Legal Guardian Information:		
Name:	Date of Birth:	SSN/MRN
Address:		
Email Address: Relation to Patient:		

BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE:

- That you have read the Terms and Conditions of Use. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. The Terms and Conditions of Use are available at your physician's office and can be accessed at <https://myhealth.sentara.com>.
- That you understand MyChart is not an emergency response system and is not to be used for urgent and/or emergent messages.
- That all of the information provided is correct and that you are the parent or legal guardian of the teenaged patient named above.
- That you agree on behalf of yourself and the teenaged patient to waive and release the teenager's physician, Sentara Healthcare and its affiliated entities, and their officers, directors, employees, agents, successors and assigns from any and all claims or causes of action that are in any way related to your use of MyChart.

Parent/Legal Guardian Signature

Date: