



Beacon Patient Portal Consent — Minors 14-17

Authorization by Parent and Minor for use of the Beacon Patient Portal (for minors 14-17 years old) to access online health information. Must be a Parent or permanent Legal Guardian to sign this authorization. Foster parents, temporary guardians, and social workers may request records in person in the Medical Record Department with proper authorization.

Minor Information

Minor Name (Last, First Middle): _____

Date of Birth (mm/dd/yyyy): _____ Gender: Male Female

Street Address: _____

City / State / Zip Code: _____

Parent / Legal Guardian's Information *(All fields are required)*

Parent / Legal Guardian's Name (Last, First Middle): _____

All former names (Maiden / Prior): _____

Date of Birth (mm/dd/yyyy): _____

Email address (please print): _____

Street Address: _____

City / State / Zip Code: _____

Relationship to minor: Birth / Adoptive Parents Legal Guardians (Must attach proof of legal guardianship)

Parent / Legal Guardian Authorization to Create a Beacon Patient Portal Account

I hereby request access to this minor's Beacon Patient Portal. This access expires on the minor's 18th birthday. I certify I am the parent or legal guardian of the minor listed above and that all information I have provided is correct. I agree to keep my password confidential and not share it with anyone because it allows access to the minor's personal health information.

SIGNATURE

DATE / TIME

Minor's Authorization:

I agree to allow my parent or legal guardian, named above, access to the online medical information on my Beacon Patient Portal, as well as any information that may become available as a result of future medical care. I understand that I may revoke this access at any time by writing a letter to the Medical Record Department.

SIGNATURE

DATE / TIME

*For minors age 14 to 17 years, both the parent and the minor must sign the consent form **in person** during registration process or in the HIM department, or they will not be given Patient Portal access. For questions regarding enrolling in Patient Portal you may call: 574-647-7430*