



Beacon Patient Portal Consent — Minors 13 and Under

Application and Agreement for Parent and Minor use of a Beacon Patient Portal for Minors 13 years of age and under. Must be a parent or permanent legal guardian to sign this authorization. Foster parents, temporary guardians, and caseworkers with proper authorization may request records in person from the Medical Records Department.

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 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 Consent to Create a Beacon Patient Portal Account

The initial invitation to create an account will be sent to the above email address. I agree to update Beacon (Beacon Medical Group, Memorial Hospital of South Bend including off site locations, & Elkhart General) with any changes in my email address. 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. If I choose to discontinue use of my child's Beacon Patient Portal, a written request is necessary to cancel this agreement, but in all cases, my access will expire on the day prior to his/her fourteenth (14th) birthday.

SIGNATURE

DATE / TIME

When form is completed - You may return to the HIM Department in the following ways:

In Person: At your Providers office, registration, or the Hospital Medical Records Department

Email: ReleaseOfInformation@BeaconHealthSystem.org

Fax: 574-647-1122 (ATTN: HIM)

For questions regarding enrolling in Patient Portal you may call: 574-647-7430