



**Beacon Patient Portal Consent — Minors 14 - 17**

Authorization by Parent/Legal Representative and Minor for use of the Beacon Patient Portal (for Minors 14-17 years of age) to access online health information. Must be a parent or legal representative 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): \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

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

Parent / Legal Representative's Name (Last, First Middle): \_\_\_\_\_

All former names (Maiden / Prior): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address (please print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

**Parent / Legal Representative Authorization to Create a Beacon Patient Portal Account**

I hereby request access to this minor's Beacon Patient Portal. The access expires on the minor's 18th birthday. I certify I and the parent or legal representative 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 Authorization:**

I agree to allow my parent or legal Representative, 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 Records Department.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE / TIME

For minors age 14 to 17 years, both the parent/legal representative and the minor must sign the consent for **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.

