



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 Information (All fields required)

Parent / Legal Representative 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 (Proxy) to this minor's Beacon Patient Portal. The access expires on the minor's 18th birthday. I certify I am 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 (Proxy) 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.

Please review the following information. Initial each line to acknowledge that you received the information. Your proxy request **will not be fulfilled** if all lines are not acknowledged with your initials.

____ Behavioral Health records (office notes, provider documents) will be sent to the Patient Portal except for Psychotherapy/Provider Counseling notes.

____ Messages sent via the Patient Portal will be included in your permanent medical record and will be viewable to your designated proxy. You may want to avoid sending sensitive information in Messages since your Proxy will see them.

____ You have the right to request that your provider keep your medical records private and NOT send sensitive information to the Portal that you do NOT want your Proxy to see.

____ I understand that Laboratory and Radiology results, which may contain sensitive information, will be in the Beacon Patient Portal and cannot be kept private.

____ I understand that I may remove (revoke) this access at any time by completing the Beacon Patient Portal Revocation Form and sending it to Health Information Management (HIM)/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.