



Beacon Patient Portal Consent — Minors 13 and Under

Application and Agreement for Parent/Legal Representative and Minor use of a Beacon Patient Portal for Minors 13 years of age and under. 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 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 inform Beacon (Beacon Medical Group, Memorial Hospital of South Bend including off site locations, and Elkhart General Hospital) of any changes in my email address. 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. If I choose to stop using of my child's Beacon Patient Portal, a Beacon Patient Portal Revocation Form is necessary to cancel this agreement but, in all cases, my access will expire on the day prior to their fourteenth (14th) birthday.

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 child's permanent medical record and viewable to anyone to whom access (proxy) has been provided. You may want to avoid sending sensitive information in Messages since these will be seen by anyone you have given proxy permission to view your child's portal information.

____ You have the right to request your child's provider to keep documents private and NOT publish to the portal if there is sensitive information you do NOT want any 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..

SIGNATURE

DATE / TIME

When form is completed - You may return to the Health Information Management (HIM) Department/Medical Records in the following ways:

In Person: At your provider's 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