You Can Now Access Your Child's Medical Records Online

Need to check your child's immunization records? Send a secure e-mail message to your child's doctor? You can now use your MyGroupHealth account to access online medical records and other information for your children, birth through age 12.*

You are eligible if you and your child get care at a Group Health medical center.

To sign up, fill out the "Request for Parental Access" form and take it to the business desk at any Group Health medical center. You can download the form now or get one at the business desk.

You'll need a form for each child under age 13 for whom you want access.

When submitting a form, a parent needs to show a picture ID. Guardians and other persons requesting parental access must show documents stating that they have legal authority to make health care decisions for a child.

After submitting the form, access is granted in 3 to 15 business days. You'll get a notice in your MyGroupHealth message inbox and a parental access area will appear on your home page.

* Currently, we are able to provide parents online access only to the records of children from birth through age 12. Because of legal issues regarding access to teenagers' (ages 13-17) medical records, we are not able to provide online access to those records at this time. When your child turns 13, parental access to the child's online records will be revoked.
Request for Parental Access

If you are the birth or adoptive parent of a child from birth through age 12, you may use this form to request access to the child’s online Group Health medical record and other online services.

**Child’s name** (last, first, middle initial)  
**Member ID #**

Date of birth  
**Age (birth through age 12 only)**

**Personal physician (primary care provider)**  
**Medical center**

**Parent’s name** (last, first, middle initial)  
**Member ID #**

**Address**

Date of birth  
**E-mail address**  
**Telephone #**

**Personal physician (primary care provider)**  
**Medical center**

Do we have permission to leave a detailed telephone message?  
□ YES  □ NO

- If you are not the birth or adoptive parent (example: stepparent, grandparent), you must provide documentation that establishes that you are a legally recognized caretaker for the above-named child.

- Parental access to a child’s MyGroupHealth record is available only to parents with full legal authority to make health care decisions for the above-named child or individuals with legally recognized authority to make health care decisions for the above-named child.

- You must have an enhanced MyGroupHealth account to use this service.

**Declaration and acknowledgment**

1. □ I am the birth or adoptive parent of this child, OR  
2. □ I am the legally recognized caretaker of this child. (Must produce documentation proving legal rights.)  
   **AND**  
2. □ I have the legal right to make health care decisions for this child.

Should my legal authority to make health care decisions for this child change in the future, I will inform the Group Health Cooperative Customer Service Center immediately. I agree to abide by all terms and conditions set forth in the User Agreement I accepted when I was granted access to a MyGroupHealth enhanced account. In addition, I am aware that all secure messages between me and my child’s health care team will become part of my child’s medical record and that my online access to the child’s personal health information will be revoked when he/she reaches age 13.

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.

**Parent/Legally recognized caretaker (Signature)**  
**City**  
**State**

**Parent/Legally recognized caretaker (Print name)**  
**Date**
FOR GROUP HEALTH STAFF USE ONLY
Request for Parental Access

Name of child for whom access is being requested

Child’s Member ID #

Verification of Parent/Guardian Identity

Parent/guardian’s name

Document used to verify parent’s identity (driver’s license, government ID, passport, etc. Must include photo)

Document number

Document expiration date

Title

Name of Group Health authorized representative who verified documentation (print)

Signature

Date

Access Set-Up Checklist/Status
☐ Child’s birth date has been validated in LastWord
☐ Requester has MyGroupHealth account
☐ Paper chart has been ordered
☐ Review needed: BH ______
  PO ______
☐ Chart review process has been completed
☐ Access granted in EpicCare

Initials: ______________________________________

Date: ______________________________________