

Requirements and Procedures for Parental Access to Online Medical Records of a Child Age 0 to 17 Years Old

Parents or legal guardians of a child age 0 to 17 years old may be granted access to their child's online medical records. With the consent of a parent or legal guardian, children age 14 to 17 can access their own online medical records.

Requirements for accessing a child's online medical records:

- The parent or individual requesting access must have parental or legal guardianship rights.
- A Parental Authorization Form must be completed and signed.
- Each parent or individual requesting access must have his/her own Iris account or an Iris account will be established for him/her by Hattiesburg Clinic staff.
- A child age 14 to 17 must have the consent of at least one parent/legal guardian to access his/her own Iris account and at least one parent/legal guardian must also have access to the child's Iris account. If all parent/legal guardian access to online medical information is revoked, the child's Iris access will also be revoked.

I understand that:

- **Iris is not to be used in an emergency.**
- I must have an Iris account or an account will be established for me.
- I must log in to my own Iris account with my own user ID and password.
- I must click on "View Other Records" to access my child's medical information.
- I agree to abide by the terms and conditions of the Iris site.

Parent/Guardian access to a child's records is revoked when:

- A parent/guardian or child with access control rights submits a request to revoke access or revokes access online.
- A child turns 18 years old.
- A child advises Hattiesburg Clinic of his/her emancipated status.
- Parent/guardian legal right to access the child's information ends (such as termination of parental rights, termination of guardianship, or the occurrence of specific medical information for which the child controls the right to access of information).
- Parent/parent or parent/child access disputes cannot be resolved.

Under state and federal law, there are certain types of medical information that the parent or guardian of a minor patient may not view without the consent of the minor patient; therefore, Iris access may be revoked to prevent the inappropriate disclosure of this medical information. If a minor patient seeks treatment related to the following conditions, proxy access to the minor's account as well as the minor's access, if applicable, will be discontinued:

- Pregnancy or childbirth.
- Sexually transmitted disease.
- For minors age 15 or older, mental or emotional problems related to alcohol or drugs.

Hattiesburg Clinic reserves the right to revoke online access to medical information at any time.



Communications on behalf of your child must be sent from your child's online records and responses will be received in your child's online records. Iris email alerts will be sent to the email address entered in the child's online records.

When signed into another person's online medical records, the Iris screen will have a red color scheme. This will serve as a visual indication that you are in the proper records. The patient's name will also be displayed within the banner.

If you have an Iris account, you will receive an Iris message when access to the patient's online records is available, typically 5 to 7 business days after the completed authorization form is received.

If you do not have an Iris account, you will receive an Iris Activation Letter with instructions on how to create one. If you do not activate your account within 60 days after receiving your Iris Activation Letter, your child's account will be deactivated. Please promptly activate your account.

**Parental Access to the Online Medical Records of a Child 0 – 17 Years Old
Authorization Form**

Please enter **child's** information:

Child's Name: _____
 Address: _____

HC Medical Records: _____
 Social Security #: _____ - _____ - _____
 Date of Birth: _____
 Gender: ___ Male ___ Female

To be notified when new messages about your child's care are sent to Iris, please list an email address: _____

Please enter **parent/legal guardian** information:

Parent/Guardian Name: _____
 Address: _____

HC Medical Records # _____
 Social Security #: _____ - _____ - _____
 Date of Birth: _____
 Gender: ___ Male ___ Female

Former Name(s) – e.g. maiden name: _____

Relationship to Child: ___ Parent ___ Legal Guardian ___ Other

If "Other", please specify: _____

Note: Access to a child's online records is only available to parents or individuals with legal guardianship.

Do you (parent/legal guardian) have an active Iris account? ___ Yes ___ No ___ Don't Know

As a parent or legal guardian, you can allow your child age 14 – 17 to have access to his/her online medical record. I am requesting that my child have access to his or her online medical record:

___ Yes ___ No

I have read and understand the requirements and procedures for accessing my child's online medical records information as stated in the REQUIREMENTS AND PROCEDURES FOR PARENTAL ACCESS TO ONLINE MEDICAL RECORDS OF A CHILD AGE 0 TO 17 YEARS OLD.

I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to my child's online medical records.

Date

Parent/Legal Guardian Signature

Date

Witness Signature