



## Request for Access to the Electronic Health Record of a Minor Patient, Age 0-12

### Patient Information

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient's date of birth

\_\_\_\_\_  
Requestor Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Requestor Email Address

\_\_\_\_\_  
Requestor Phone

Is the above named patient ("Patient") a minor?  YES  NO  
If yes, to your knowledge, is the patient an emancipated minor?  YES  NO

By signing this Electronic Health Record Access Request, I understand and acknowledge that:

- Logan Health provides myHealth Website access to the Electronic Health Records (EHR) of patients who are ages 0-12.
- I am representing that I have a legal right to those portions of the Patient's EHR that are or will be provided on the Logan Health myHealth Website.
- The Logan Health myHealth Website does not have the ability to restrict what portions of the Patient's Electronic Health Record (EHR) my proxy will be able to see. Therefore, if there are portions of the Patient's EHR for which I do not have a right of access under Montana law, Logan Health will not grant me access to the Patient's EHR on the KRMC myHealth Website.
- Prior to accessing Patient's EHR on the Logan Health myHealth Website, Logan Health will require me to acknowledge and agree to the Logan Health myHealth Website Terms of Use.
- I will be responsible for how I use and/or disclose those portions of the Patient's EHR that I access and print/download from the Logan Health myHealth Website.
- If the Patient is a minor on the date of this Request, I will inform Logan Health if/when the Patient becomes an emancipated minor. I will also inform Logan Health if/when I no longer have a legal right to access the Patient's EHR on the Logan Health myHealth Website for any reason.
- If the Patient is a minor on the date of this Request and Logan Health grants access to the Patient's EHR on the myHealth Website, my access will be automatically terminated on the date that the Patient reaches the age of 12 or on the date that Logan Health learns that Patient has become emancipated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

### For Office Use Only

Photo ID  Guardianship Documentation