



Children's Mercy

### Authorization for Participation in MyChildrensMercy Patient Portal (Age 18+)

8071-502 MR 06/19



#### MyChildrensMercy Terms and Conditions

By signing below, I confirm that I have received, read and understand the MyChildrensMercy patient Portal Information Document and agree to comply with the Children's Mercy Hospital procedures and guidelines for using the patient portal (MyChildrensMercy). I have reviewed and understand the risks of using the portal and the risks associated with online communication between my/my child's health care provider and me. I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that The Children's Mercy may impose for online communications. I agree that I have been given the opportunity to ask questions about the portal and this Authorization, and that all such questions have been answered to my satisfaction. I confirm that I am legally authorized to access the information contained within the portal and will notify Children's Mercy Hospital and cease access if I am no longer legally authorized to do so.

I understand that MyChildrensMercy is to be used only for routine medical matters. I understand that I will need to call my/my child's health care provider if I do not receive a response within 48 hours. I understand that the MyChildrensMercy portal is not for emergency communications or services, and I will utilize 911 or seek treatment in an emergency room or urgent care center for urgent and emergent situations. Children's Mercy Hospital reserves the right to terminate or suspend access to the MyChildrensMercy portal without notice. I also understand that messages sent to my health care provider will become part of my/my child's medical record. I understand that documentation about my treatment, including discharge instructions after a Children's Mercy Hospital encounter, may be delivered through the MyChildrensMercy portal. I understand that the initial invitation to create a MyChildrensMercy account will be sent to the below email address(es), and that notifications will be sent to the same email address(es) to announce incoming communications on MyChildrensMercy. Passwords should be kept confidential, and not shared with anyone, because it allows access to my/my child's personal health information.

I hereby release, discharge, agree not to sue, and will hold harmless Children's Mercy Hospital and any health care provider, officer, employee, director, agent, or medical staff member for expenses, damages, costs or any compensation arising out of or relating to use of the MyChildrensMercy portal by me or my designated proxy. Additionally, I agree to hold Children's Mercy Hospital and its health care providers, officers, employees, directors, medical staff members, and agents harmless from and against any claims, lawsuits or demands arising out of any injury related to use of the MyChildrensMercy portal by me or my designated proxy.

#### Patient Information:

Patient Full Legal Name	Date of Birth	Medical Record Number	
Street Address	City	State	Zip Code
Patient Email Address	Patient Signature	Date	

#### Proxy Access:

Proxy users will be granted the same type of access you will receive.

Printed Name of Proxy	Date of Birth	Relationship to Patient
Email Address	Signature	Date

I understand that I have a right to revoke this authorization at any time in writing to the Children's Mercy Hospital Health Information Management Department. I understand that any revocation will not apply to information that has already been released in reliance on this Authorization. I understand that I do not need to sign a specific authorization to disclose information for treatment, payment or normal health care operations. I can refuse to sign this Authorization, and I do not need to sign this Authorization in order to assure general treatment at Children's Mercy Hospital. I understand that I may inspect or obtain copies of the information in my/my child's MyChildrensMercy portal account. I understand that if my protected health information is disclosed to someone who is not required to comply with the federal privacy protections, then such information may be re-disclosed and would no longer be considered protected. If I have questions about disclosure of my information, I can contact the Health Information Management Department of Children's Mercy Hospital at (816) 234-3455