



Children's Mercy
Authorization for Participation in
MyChildrensMercy Patient Portal (Age 18+)

8071-502 MR 05/14



MyChildrensMercy Terms and Conditions

By signing below, I confirm that I have received, read, 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 physician 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 agreement, 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 the 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 matters. I understand that I will need to call my provider if I do not receive a response within 48 hours. I understand that the 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. The Children's Mercy reserves the right to terminate or suspend access to the portal without notice. I also understand that messages sent to my health care provider will become part of my medical record. I understand that the initial invitation to create an 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 personal health information.

In use of the portal, I agree to waive and release my physician(s), CMH, and its affiliated entities, and its officers, directors, employees, agents, successors, and associates from any and all claims or causes of action that are in any way related to use of MyChildrensMercy 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	Relationship to Patient
Email Address	Date
Signature	Date

I understand that I have a right to revoke this authorization at any time in writing to CMH Health Information Management Department. I understand that any revocation will not apply to information that has already been released in response to this authorization. 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; I do not need to sign this form in order to assure general treatment at The Children's Mercy Hospital. I understand that I may inspect or have the information within the patient portal. 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) 234-345