

## Teen (13-17 years old) MyChart Account Request

**Teen Information**

Name – Last, First, MI	Medical Record Number
Date of Birth	Phone Number
Email Address <b>(parent or school email address not acceptable)</b>	

I have been informed that Emplify Health offers its patients a secure online portal that helps patients manage their own health care. This online portal and application is called MyChart. I understand that teen patients who are ready to take a more active role in their own health care are permitted to establish their own MyChart account.

I understand that this allows my teen online access to their health information maintained by Emplify Health, which may contain protected health information created by Emplify Health and non-Emplify Health providers who were authorized to use the Emplify Health electronic medical records system and its MyChart system for their own patients (“Epic Community Connect Partners”). These are independent community practices and providers and are not part of Emplify Health. While this capability is offered to patients as a convenience, Emplify Health is not responsible, in any way, for these community practices or any of their activities. Our Epic Community Connect Partners include Crossing Rivers Health, N.E.W. Community Clinic, Tomah Health, Unity Hospice, Urology Associates, and Vernon Memorial Hospital.

I understand that my teen will be able to perform the following functions through their own MyChart account:

- Ability to communicate privately and securely with their clinician/provider and their care team regarding care and treatment
- Review test results and comments
- Ability to review and request appointments
- Request renewals on prescriptions
- View notes
- Review and complete questionnaires
- Review their medical history
- View messages sent from parent/guardian to the teen’s clinician/provider and vice versa

I understand that once I submit this form, my teen will receive an email message at the email address listed above with detailed instructions on how to activate their own MyChart account.

I understand and agree with the above. I hereby consent to allow my teen to establish their own MyChart account.

I understand that this consent will expire when my teen turns 18. I may revoke this consent at any time in writing.

**Signature of Parent/Legal Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Person Signing:** \_\_\_\_\_

**Indicate Relationship:**    Custodial Parent    Court Appointed Guardian

**Please return completed form to the organization you receive treatment.**

<p><b>Emplify Health</b>          1900 South Avenue, NCA1-09, La Crosse, WI 54601          PHONE: (608) 775-0303          FAX: (608) 775-4706          EMAIL: <a href="mailto:mychart@emplifyhealth.org">mychart@emplifyhealth.org</a></p>	<p><b>Crossing Rivers Health</b>          37868 US Hwy 18, Prairie du Chien, WI 53821          PHONE: (608) 357-2246          FAX: (608) 357-2277          EMAIL: <a href="mailto:HIM@crossingrivers.org">HIM@crossingrivers.org</a></p>
<p><b>NEW Community Clinic</b>          610 N Broadway Green Bay WI 54303          PHONE: (920) 863-9376          EMAIL: <a href="mailto:hbs@newcommunityclinic.org">hbs@newcommunityclinic.org</a></p>	<p><b>Tomah Health</b>          Health Information Services Dept          501 Gopher Drive, Tomah, WI 54660          PHONE: (608) 377-8610          FAX: (608) 377-8743          EMAIL: <a href="mailto:hisdept@tomahhealth.org">hisdept@tomahhealth.org</a></p>
<p><b>Unity Hospice</b>          2366 Oak Ridge Circle, De Pere, WI 54115-9207          PHONE: (920) 338-1111          EMAIL: <a href="mailto:medicalrecords@unityhospice.org">medicalrecords@unityhospice.org</a></p>	<p><b>Urology Associates</b>          1385 W Main Ave, De Pere, WI 54115          PHONE: (920) 433-9400          FAX: (920) 433-9409</p>
<p><b>Vernon Memorial Healthcare</b>          507 South Main Street, Viroqua, WI 54665          PHONE: (608) 637-4332</p>	