

MYRIVERVIEW PATIENT PORTAL MINOR CONSENT FORM

Authorization for Access to Minor's Account in MyRiverView Patient Portal

Patient's Name

Patient's Date of Birth

Parent/Guardian's Name (Please Print)

Other Names Used By This Parent/Guardian

Parent/Guardian's Email Address

Parent/Guardian's Date of Birth

I am requesting access to the minor's account detailed above via the MyRiverView patient portal. By signing this authorization, I am confirming that I am the parent or legal guardian of this minor and am legally authorized to have access to this information. I understand that I may access information using the MyRiverView patient portal for the above-listed minor until the first of the month they turn 14, at which time my access to their information via the MyRiverView patient portal will be automatically discontinued.

I understand that only one parent/guardian can have access to the MyRiverView patient portal for a minor at any given time and all communication via the portal will be to that primary account holder.

I understand that in the event legal guardianship changes for this minor, I must notify Riverview Health of this change and my access to his or her records through the MyRiverView patient portal may be revoked also understand that authorized access to the minor's medical records will continue to be available through the Riverview Health Medical Records Department.

By registering and requesting access through the MyRiverView patient portal, I am agreeing to abide by all of the Terms and Conditions of use. I understand that Riverview Health reserves the right to revoke my access to the above-listed minor's records and use of the MyRiverView patient portal for any reason.

Signature of Parent/Guardian

Date



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