

# MyLifespan® Teen Proxy (ages 16-17 years) Access Request Form

## Patient Information

Patient Name (*first, middle initial, last*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Address (street, city, state, zip):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (circle one) Mobile / Home / \_\_\_\_\_

I authorize Lifespan and its affiliates and my health care providers who are partnering with them (my "Provider") to share my health information in my MyLifespan account with the individual listed below (my parent/guardian/other).

- I understand MyLifespan contains selected, limited health information from my medical record and does not reflect the complete contents of my medical record. A complete medical record may be requested directly from my Provider.
- I understand and agree to abide by MyLifespan Terms and Conditions, which is displayed at <https://my.lifespan.org/mychartprd/default.asp?mode=stdfile&option=termsandconditions> and guidelines listed below. I verify that the information I have provided above and below is true and correct.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MyLifespan Proxy Information (All fields are required)

Proxy Name (*first, middle initial, last*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

(continued on next page)

Address (street, city, state, zip):

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Phone Number: (circle one) Mobile / Home / Work \_\_\_\_\_

Relationship to Patient: (circle one) Parent / Legal Guardian / Other

If Other, please specify: \_\_\_\_\_

Do you have an active MyLifespan account? (circle one) Yes / No / Unknown  
*(If you do not have an account, one will be created for you as part of this proxy request)*

I agree to abide by MyLifespan Terms and Conditions displayed at the hyperlink noted above and guidelines listed below.

Proxy Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\* (Proxy signature strongly encouraged but not required)

### General Guidelines

- MyLifespan should never be used for emergencies or urgent health matters; FOR ALL MEDICAL EMERGENCIES, PATIENT OR PROXY SHOULD IMMEDIATELY DIAL 911.
- MyLifespan may include current or past medications, allergies, recent diagnoses (problems), physician notes, laboratory test results, diagnostic tests (such as toxicology screens), radiology and/or pathology reports and any other health information from my medical record that is accessible in the future in MyLifespan.
- MyLifespan may also include **sensitive** health information from the patient's medical record, which is subject to special restrictions on disclosure, such as behavioral health, substance use disorder, communicable diseases, HIV/AIDS, abortion, transgender services, genetic, family planning and reproductive health care information of the patient.
- It is the Patient's ("You" or "Your") responsibility and your Proxy to select a confidential password, to maintain such password in a secure manner, and to change such password if Your or your Proxy believe it may have been compromised in any way. If You or your Proxy shares your or your Proxy's MyLifespan ID and password with another person, that person may improperly view Your health information.
- Your and your Proxy's activities within MyLifespan may be tracked by computer audit and any entries that You or your Proxy make may become part of Your medical record. You have the right to request an amendment to any inaccurate health information contained in MyLifespan by contacting your Provider. If your Provider is a Lifespan affiliated hospital, clinic, center or program, see "Right to Amend" online at [www.lifespan.org/lifespan-summary-joint-privacy-practices](http://www.lifespan.org/lifespan-summary-joint-privacy-practices).
- Access to MyLifespan is provided by Lifespan affiliates and its partners as a convenience to their patients, and they reserve the right to deactivate Your access to MyLifespan at any time for any reason. Also, You and/or your Proxy's access to any information about You may be revoked by You through a written request.
- You and/or Your authorized personal representative may obtain an electronic or paper copy of Your complete medical record from your Provider, see details online at [www.lifespan.org/patients-visitors/request-medical-records](http://www.lifespan.org/patients-visitors/request-medical-records).

## Teen (Age 16-17) Sign-up to Access MyLifespan

If You are age 16-17, with some exceptions, You have the right to consent to Your own medical treatment and control access to Your MyLifespan account that You may activate without permission of Your parent or guardian. You may elect to grant to your parent/guardian/other a limited view of information such as billing, scheduling, upcoming medical procedures and allergies, and If You desire Your parent or guardian to have additional access to Your MyLifespan account including **sensitive** health information, You should first discuss privately with your Provider before You complete this authorization form for a **Young Adult Proxy**. In any event, your Proxy's access to Your MyLifespan account will automatically expire on Your 18th birthday. If You desire to continue Proxy Access, You will be able to reassign Proxy Access from within your online MyLifespan portal.

For Office Use Only:

Please check the type of Proxy access below if the patient or the patient's Provider has requested additional access for a Proxy.

\_\_\_ 1. Full view Proxy

\_\_\_ 2. Limited view Proxy