



# Enrollment for Participation MyChildrensMercy Patient Portal

8071-501 MR 02/23



## MyChildrensMercy Terms and Conditions

Select the Applicable Statement Below (Check ONE):

- I am the parent or legal guardian of the minor patient age **0-17 years old**.
- I am the patient and I am **18 years old** or older.
- I am the patient and I am **legally emancipated**.

I hereby voluntarily request access to and to communicate regarding the patient's health information through MyChildrensMercy Patient Portal (Patient Portal). By signing below, I understand and agree to the following:

- I have read, understand, and agree to comply with the terms found in the CMH Patient Portal Information Document (Form 8071-500).
- I understand that the Patient Portal is to be used only for routine medical matters and not for emergency communications or services. In an emergency I know to call 911 or seek care in an emergency room or urgent care center.
- I understand that CMH reserves the right not to release my/patient's health information on the Patient Portal to the extent permitted by law and that not all patient health information is available on the Patient Portal. I also understand there will be times when the Portal is not available.
- I understand the Patient Portal uses industry standard methods to secure portal information, but no method of electronic storage or communication is completely secure, so I accept the risks of this form of storage and communication of my/patient's protected health information.
- I understand I am responsible for keeping my Patient Portal user ID and password secure and should not share it with anyone. I understand CMH is not responsible for disclosure of health information resulting from my actions.
- I confirm that I am legally authorized to access the information contained within the Patient Portal and will notify CMH and stop using the Patient Portal if I am no longer legally authorized to do so.
- I know I may cancel my, and/or the patient's (if applicable), and/or my designated Proxy's enrollment in the Patient Portal by contacting CMH's Health Information Management department at 816-234-3455 or sending a message through Patient Portal to HIM Pool. However, I acknowledge the patient may still be permitted by law to access certain information. I understand my access to the Patient Portal will be discontinued when the patient reaches age 18 in most instances and that CMH may revoke my Portal Access for other reasons consistent with policy and laws.

### Patient Information:

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

### Portal Access:

By enrolling in the Portal, I agree to the terms stated in the Patient Portal Information Document (Form 8071-500) and Terms of Use accessible at: <https://www.childrensmercy.org/about-us/legal/website-terms-of-use/> as well as any additional terms of use located within the Patient Portal. I understand that the initial invitation to create a Patient Portal account will be sent to the below email address(es), and that notifications will be sent to the same email address(es) to announce new communications on the Patient Portal.

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

### PERMISSION FOR PORTAL ACCESS – TEENAGE PATIENTS (AGES 13-17):

If the patient is 13-17 years old, he/she can enroll in the Patient Portal with a parent or legal guardian's permission. If you grant this permission, it does not impact your access to the Patient Portal as the parent or legal guardian of the minor patient. To give the patient permission to access the Patient Portal, please complete the following section. By providing the patient's email address and signing below, you confirm that the patient is 13-17 years old, and you **give your permission** for CMH to provide him/her with Patient Portal access. Patients with access to the Portal are held to the terms stated in the Patient Portal Information Document (Form 8071-500) and the Terms of Use accessible at: <https://www.childrensmercy.org/about-us/legal/website-terms-of-use/> as well as any additional terms of use located within the Patient Portal.

**Patient Email Address:** \_\_\_\_\_

**Parent/Guardian Signature Granting Teen Portal Access:** \_\_\_\_\_

Date Authorizing Portal Access for Patient: \_\_\_\_\_