

Saint Luke's Health System

Parental/Guardian Proxy Access to the mySaintLuke's Portal Record of a Minor Requirements and Procedures

Parents or legal guardians can access the portal record of their child as follows:

Child Age	Child Access	Parent/Guardian Access
0 to 11 years old	No access to online portal record Access/copies of full medical record as allowed by law (through HIM dept.)	Access to online portal record Access/copies of full medical record as allowed by law (through HIM dept.)
12 to 17 years old	Access to online portal record Access/copies of full medical record as allowed by law (through HIM dept.)	Access to <u>limited</u> online portal record Demographics, Allergies, Immunizations, School Forms, Messaging, Claims-Bill pay (if a guarantor) Lab/diagnostic not included Access/copies of full medical record as allowed by law (through HIM dept.) Pregnancy (excluding abortions), VD/STD, Drug or substance abuse MO St. 431.061(4)(b) KS St. 38-123b
18 years old and above	Access to online portal record Access/copies of full medical record (through HIM dept.)	No access/copies of portal record or full record without proxy or authorization form completed by adult child

Requirements for accessing my child's online portal record:

- Parent or individual requesting access must have legal authority as parent or guardian and may be required to provide appropriate documentation.
- Parental/Guardian Authorization Form (page 2) must be completed and signed for children ages 0 to 11.
- If child is 12 to 17, child can request proxy access for their parent/guardian via their online portal record.
 - Note: proxy access still does not enable the parent/guardian to see some information such as lab values pursuant to MO/KS Laws:
 - [MO St. 431.061\(4\)\(b\)](#)
 - [KS St. 38-123b](#)
- Portal accounts will be de-activated if not accessed by the parent/guardian/proxy within 3 years.
- **mySaintLuke's portal is not to be used in an emergency.**

Procedures for accessing my child's online record:

- Saint Luke's Health System (SLHS) will provide an activation code to create a mySaintLuke's (MSL) account to view the portal record of your child, if the parent/guardian does not already have a MSL account.
- You should receive a MSL Activation Letter with instructions on how to create a MSL account at the email address you have provided via an encrypted email from SLHS, within five (5) business days of receipt of a completed valid authorization form. If you do not receive the MSL Activation Letter within that time frame, please contact your provider's office or mySaintLuke's Customer Service at 844-446-5479, available 24 hours a day, seven days a week.
- **Please promptly activate your account as the activation code will expire in 90 days**

SLHS reserves the right to revoke online access to medical information at any time.

COMPLETE THE REQUIRED INFORMATION ON THE NEXT PAGE/BACK SIDE

Not a Part of the Permanent Medical Record



Saint Luke's Health System

**Parental/Guardian Proxy Access to the mySaintLuke's
Portal Record of a Minor
Parental/Guardian Authorization Form**

Please enter **Patient's (Child)** information:

Patient's Name: _____ Medical Record #: _____
(if known)
Address: _____ Last four digits of Social Security #: _____
_____ Date of Birth: _____
Gender: Male Female

Please enter **Parent/Legal Guardian** information:

Parent Name: _____ Email Address: _____
Address: _____ Last Four Digits of Social Security #: _____
_____ Date of Birth: _____
Phone Number: _____ Gender: Male Female
Relationship to child: Birth Parent Adoptive Parent Legal Guardian Other

If Other, please specify: _____

Note: Access to a minor child's online portal record is only available to parents or individuals with legal guardianship. Appropriate documentation of legal relationship to child must be provided when requested. SLHS can revoke access to the online portal record at any time. Parents/legal guardians are always allowed to access their child's full medical record as allowed by law, through the HIM department.

"I acknowledge the following (initial each):

- _____ I have read and understand the requirements and procedures for accessing my child's medical record information online as provided on page one of this document.
- _____ I will not share my mySaintLuke's User ID and Password with others.
- _____ Information and alerts regarding mySaintLuke's will be sent to me at the email address provided. If no email address is provided, information and alerts will be sent to me via mail at the address provided.
- _____ I agree to abide by the terms and conditions of the mySaintLuke's site.
- _____ When my child turns 12 years old, my access to the mySaintLuke's account will be limited. When my child turns 18 years old, my access to the mySaintLuke's account will be automatically terminated.

I certify that I am the parent or legal guardian of the minor child listed above and that all information I have provided is correct. I hereby request access to my child's online portal record."

Parent/Legal Guardian Signature: _____ Date: _____ Time: _____

RETURN FORM TO FRONT DESK AT ANY CLINIC/OFFICE or A HOSPITAL REGISTRATION AREA

If supporting documentation is requested it may be emailed to proxyrequest@saintlukeskc.org

While it is unlikely, there is a possibility that unsecure email could be intercepted and read by other parties besides the person to whom it is addressed. By sending your request by email, you are agreeing to accept these risks.

STAFF: Original- email to proxyrequest@saintlukeskc.org, fax to HIM at 816-891-6072, or interoffice mail to SLN – HIMMSL Team
Copy to patient/guardian