



**Online Access to Your Child's Health Information  
via our Patient Portal at MyCareCorner.net**

**For Patients Under 12 and their Parents:** MyCareCorner portal accounts are only available to patient's parents or legal guardians. Please give the registration staff the parent/guardian e-mail address to receive the link to register for your child's account.

**For Patients 12-17 Years of Age:** Patients can register for their own MyCareCorner portal account in person at our office.

**For Parents of Children 12-17 Years of Age:** Per New York State law, full chart access is only available with your child's written permission in the office via this form below.

**Please initial each box indicating you have reviewed and understand the following:**

- I understand that the Patient Portal is a way to see the information in my Electronic Health Record including: Appointments, Lab Tests, Medications, Xray Results, Forms, Immunization Records, Visit Notes (the doctor's notes about my visit) and notes from other doctors who also care for me.
- I understand it is my choice whether or not I choose to share access to my Patient Portal with a parent or guardian. The person I share access with is called an "Authorized Representative".
- I understand that I have the right to keep certain types of information private including information about **pregnancy, sexually transmitted infections and treatment, birth control and drug or alcohol use**. Although *Clifton Fine Hospital* supports this right, our Electronic Health Record is not currently able to make this information visible to you but not your Authorized Representative.
- I understand that *Clifton Fine Hospital* is unable to guarantee that protected types of information listed above will remain private if I choose to give Portal Access to a parent or guardian.
- I understand that I can CHOOSE NOT TO NAME an Authorized Representative and still get my health care with *Clifton Fine Hospital*.
- I understand this authorization will expire when I turn 18 or if I revoke access in writing.
- I had a chance today to ask questions about this form and my questions were answered before I signed.



**PROXY ACCESS**

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**Permission for Parental/Guardian Access**

I, \_\_\_\_\_, date of birth \_\_\_\_\_, permit the following individuals to have access to MyCareCorner patient portal and use it on my behalf until I am 18 years of age. At that age, their access will be automatically denied, and I will have the opportunity to grant them access again, if I would like. I also understand that I can revoke access at anytime in writing below.

| Name of Individuals | Relationship |
|---------------------|--------------|
| 1. _____            | _____        |
| 2. _____            | _____        |
| _____               | _____        |

**SIGNATURE** (Patient)

**Initials**

**Date**

**Revocation of Parental/Guardian Access**

I, \_\_\_\_\_, date of birth \_\_\_\_\_, revoke access of MyCareCorner patient portal from the following individuals. I understand that I can grant access at anytime in writing.

| Name of Individuals | Relationship |
|---------------------|--------------|
| 1. _____            | _____        |
| 2. _____            | _____        |
| _____               | _____        |

**SIGNATURE** (Patient)

**Initials**

**Date**

**If the patient or Personal Representative cannot physically sign, and has verbally granted OR revoked access, two (2) CFH employees may witness and sign below:**

CFH Employee Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CFH Employee Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_