



SHANNON HEALTH SYSTEM
MyChart Patient Assent Agreement
For Patients between 14-17 years of age

By signing below I grant my parent(s) or legal guardian(s) access to my medical records which are maintained by Shannon Health in the MyChart online portal. I understand such records may include private information or sensitive test results from my visits to Shannon Clinic physicians (for example, prescribed birth control medication).

I understand that I can make changes to or to cancel this permission by: a) calling 325-657-5195, or b) by sending an email to: PrivacyOfficer@shannonhealth.org

I understand when I turn 18 years of age, access for my parent(s) or legal guardian(s) will end, unless I re-send a new proxy access request.

I understand that if my parents are divorced, both custodial and non-custodial parent may have access to MyChart and both parents are listed below.

Printed name of parent or legal guardian

Date

Printed name of parent or legal guardian

Date

Patient Signature

Date

Printed Name

Date of Birth