

**UNIVERSITY OF MARYLAND MEDICAL SYSTEM
AND
UNIVERSITY OF MARYLAND FACULTY PHYSICIANS, INC.
MY PORTFOLIO
TERMS AND CONDITIONS OF
PARENT/GUARDIAN AND MINOR PATIENT ACCESS**

Certain medical record information is available to minor patients and their parents and legal guardians (“Parents/Guardians”) through MyPortfolio (“MyPortfolio Information”). Access to such MyPortfolio Information is granted pursuant to the University of Maryland Medical System and University of Maryland Faculty Physicians, Inc. MyPortfolio General Terms and Conditions of Patient Usage (“General MyPortfolio Terms and Conditions”) and pursuant to the terms and conditions described herein. The University of Maryland Medical System (“UMMS”) and University of Maryland Faculty Physicians, Inc. (“FPI”) are defined in the same manner as in the General MyPortfolio Terms and Conditions.

Under Maryland law, minors do not need adult consent for certain health care services and may obtain and consent to such services on their own as if they were an adult (“Adult Services”). Accordingly, minor patients may view information related to such Adult Services.

Access By Parents/Guardians and Minor Patients

For patients younger than age 12, Parents/Guardians may access such patient’s MyPortfolio Information, without the patient’s consent.

For patients ages 12 to 17 accessing MyPortfolio through a patient portal with the ability to limit access to Adult Services’ information:

- Parents/Guardians may access a limited scope of such patient’s MyPortfolio Information. Certain MyPortfolio systems are designed to restrict inclusion of the patient’s Adult Services information in the MyPortfolio Information accessible by Parents/Guardians.
- Such patient may access the full scope of his/her own MyPortfolio Information with his/her Parent/Guardian’s consent.

For patients ages 12 to 17 accessing MyPortfolio through a patient portal without the ability to limit access to information regarding Adult Services:

- Neither patients nor their Parents/Guardians will have the ability to access such patient’s MyPortfolio Information since those systems are unable to restrict inclusion of the patient’s Adult Services information in the MyPortfolio Information accessible by Parents/Guardians.

Length of Consent

A Parent/Guardian’s MyPortfolio consent is valid for one year. Unless the consent is revoked, the consent will automatically extend on a year to year basis.

Revocation of Consent

A Parent/Guardian may revoke their consent for a minor patient's access to MyPortfolio Information at anytime. A Parent/Guardian's access to a minor patient's MyPortfolio Information will be terminated when/if UMMS/FPI is notified:

- The Parent/Guardian loses parental/legal rights;
- The patient turns 18 years old;
- The patient is married;
- The patient becomes the parent of a child.; or
- The patient is determined by a court to have adult capacity.

UMMS or FPI may revoke a Parent/Guardian's access to the patient's MyPortfolio Information at anytime, as provided in the General MyPortfolio Terms and Conditions.

All revocations must be in writing and in the format required by UMMS/FPI.

Parent/Guardian Authority to Access

All Parents/Guardians accessing a minor patient's MyPortfolio Information must be legally authorized to do so. Parent/Guardians must provide documentation of such authority as requested by UMMS or FPI.

MyPortfolio Accounts

Parents/Guardians and minor patients, who want access to MyPortfolio, must have their own individual MyPortfolio account. All appropriate MyPortfolio forms, including the General MyPortfolio Terms and Conditions, must be completed.

**MY PORTFOLIO
PARENT/GUARDIAN AND MINOR PATIENT ACCESS FORMS**

I. MINOR PATIENT INFORMATION:

Name: _____ Date of Birth: _____

Email: _____ Phone Number: _____

Medical Record Number: _____

Address: _____
Street/P.O. Box

City, State, Zip Code

II. PARENT/GUARDIAN INFORMATION:

A. Parent/Guardian #1

Name: _____ Date of Birth: _____

Email: _____ Phone Number: _____

Address (if different from Patient) _____
Street/P.O. Box

City, State, Zip Code

Relationship to Patient (check one): Check the applicable box and provide the requested documentation.

- Parent
- Guardian (* Guardians must provide documentation of authority as requested by UMMS or FPI.)

B. Parent/Guardian #2 (if applicable)

Name: _____ Date of Birth: _____

Email: _____ Phone Number: _____

Address (if different from Patient) _____
Street/P.O. Box

City, State, Zip Code

Relationship to Patient (check one): Check the applicable box and provide the requested documentation.

- Parent
- Guardian (* Guardians must provide documentation of authority as requested by UMMS or FPI.)

III. CERTIFICATIONS AND CONSENTS

For Parents/Guardians of ALL Minor Patients

A. Parent/Guardian's Certification:

I have read, understand and agree to this MyPortfolio Terms and Conditions of Parent/Guardian and Minor Patient Access. I certify that I am the Parent or Guardian of the patient named above and I hereby request access to such patient's MyPortfolio Information.

Signature of Parent/Guardian

Date

For Parents/Guardians of Minor Patients Ages 12-17

B. Parent/Guardian's Consent to Minor Patient's Access to MyPortfolio Information:

I have read, understand and agree to this MyPortfolio Terms and Conditions of Parent/Guardian and Minor Patient Access. As the Parent/Guardian of the above named patient, I consent to such patient's access to his/her MyPortfolio Information. I understand that the scope of the patient's information available to him/her through MyPortfolio will include information related to any Adult Services to which he/she may individually consent and obtain. I understand that I will not have access to this information through MyPortfolio.

Signature of Parent/Guardian

Date

IV. REVOCATION

A. Parent/Guardian's Revocation of Consent to Minor Patient's Access to MyPortfolio Information:

I have read, understand and agree to the MyPortfolio Terms and Conditions of Parent/Guardian and Minor Patient Access. I revoke my consent to allow my child, the above named patient, to access his/her MyPortfolio Information. I understand that by revoking such consent, I, too, will not be able to access such patient's MyPortfolio Information.

Signature of Parent/Guardian

Date