

## I have my own MyHealthPortal account

↓ Yes

I am the parent/legal guardian of a **minor child (0–11)** and would like to have access to their MyHealthPortal Record.

**OR**

I am the parent/legal guardian of a **minor (12–18)** or caregiver of an adult that is incapable of exercising their information rights due to permanent mental disability.

↓ Yes

- Complete the **Declaration of Status to Access MyHealthPortal**.
- If you have a straightforward relationship (same address as child, or you are their Person to Notify or Next of Kin), you can mail the completed form to:  
  
MyHealth Portal Staff  
2355 Acland Rd,  
Kelowna, BC, V1X7X9
- Or: Take the form and supporting documentation, if required, to your local Health Records department for processing
- If the request is urgent, please contact our support team for further instructions. Do not email this completed form.

↓ No

## How to get a MyHealthPortal account

- You must have your email address added to your electronic medical record to enrol. You can do this by calling our MyHealthPortal Support line, or by presenting in person at Registration at an IH facility.
- Go to [www.interiorhealth.ca/myhealthportal](http://www.interiorhealth.ca/myhealthportal) and click the Request to Enrol button.
- Follow the instructions to complete your enrolment.



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Interior Health  
Every person matters

## Parental Access to Minors 0–11 Years of Age

and Parental / Caregiver Access for Minors 12–18 OR Adults that are Incapable of Exercising their Information Rights



For further information contact MyHealthPortal Support at 1-844-870-4756 or email [MyHealthPortal@interiorhealth.ca](mailto:MyHealthPortal@interiorhealth.ca)



# Declaration Of Status To Access MyHealthPortal Record Of Minor 0-11 / Incapable Minor 12-18 / Incapable Adult

Personal Information contained on this form is collected under The Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.

- Please check the appropriate box below to indicate what authority you have to act on behalf of the client.
- You must be the highest ranking individual shown on the list and proof of status will be required.
- Please note, if a dispute exists (e.g. lack of clarity regarding status) the access will be denied. Applicants may appeal the decision with the Office of the Information & Privacy Commissioner.

## Hierarchy of Authorization

**Complete the form below if client is under the age of 12**

- Parent with whom the child primarily resides
- Parent with whom the child does not reside with but has guardianship
- Legal Guardian granted by Court Order or Separation Agreement

**Complete the form below if client is 12 years and older and incapable of exercising information rights**

- Personal Representative (Committee of Person)
- Personal Representative (Committee of Estate)
- Representative with legal authority (Representation Agreement)
- Spouse (including common law and/or same sex partner residing with the client in a marriage like relationship)
- Adult Child of Client
- Adult Parent of Client
- Adult Brother or Sister of Client

### Part 1: Client

Name (First / Middle / Last) \_\_\_\_\_

Date of Birth (dd / mm / yyyy) \_\_\_\_\_ PHN (Provincial Health Number / Care Card) \_\_\_\_\_

### Part 2: Person Receiving Access (must have own MyHealthPortal account)

Name (First / Middle / Last) \_\_\_\_\_

Date of Birth (dd / mm / yyyy) \_\_\_\_\_ PHN (Provincial Health Number / Care Card) \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

### Part 3: Authorization on Behalf of Client (if client is unable to authorize the release of personal information)

By signing below I confirm that I have legal authority to act on behalf of the client and I hereby authorize Interior Health to give proxy access to the person named in the "Person Receiving Access" section.

Signature \_\_\_\_\_ Date (dd / mm / yyyy) \_\_\_\_\_

## Health Record Use Only

Supporting Documentation Reviewed & Authorization Validated (provide specific details):

Staff Initial \_\_\_\_\_

Date (dd / mm / yyyy) \_\_\_\_\_