

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

↓ No

How to get a MyHealthPortal account

- Ask registration at an IH facility to enter your email address into your patient record.
- Go to www.interiorhealth.ca/myhealthportal and click the Request to Enrol button.
- Follow the instructions to complete your enrolment.



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



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	
<p>Complete the form below if client is under the age of 12</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent with whom the child primarily resides <input type="checkbox"/> Parent with whom the child does not reside with but has guardianship <input type="checkbox"/> Legal Guardian granted by Court Order or Separation Agreement 	<p>Complete the form below if client is 12 years and older and incapable of exercising information rights</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal Representative (Committee of Person) <input type="checkbox"/> Personal Representative (Committee of Estate) <input type="checkbox"/> Representative with legal authority (Representation Agreement) <input type="checkbox"/> Spouse (including common law and/or same sex partner residing with the client in a marriage like relationship) <input type="checkbox"/> Adult Child of Client <input type="checkbox"/> Adult Parent of Client <input type="checkbox"/> Adult Brother or Sister of Client
<p>Part 1: Client</p> <p>Name (First / Middle / Last) _____</p> <p>Date of Birth (dd / mm / yyyy) _____ PHN (Provincial Health Number / Care Card) _____</p>	
<p>Part 2: Person Receiving Access</p> <p>Name (First / Middle / Last) _____</p> <p>Date of Birth (dd / mm / yyyy) _____ PHN (Provincial Health Number / Care Card) _____</p> <p>Day Phone _____ Email _____</p>	
<p>Part 3: Authorization on Behalf of Client (if client is unable to authorize the release of personal information)</p> <p>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.</p> <p>Signature _____ Date (dd / mm / yyyy) _____</p>	
Health Record Use Only	
<p style="text-align: center;">Supporting Documentation Reviewed & Authorization Validated (provide specific details):</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>	
<p>Staff Initial _____</p>	<p>Date (dd / mm / yyyy) _____</p>