

The Iowa Clinic  
**FollowMyHealth® Parental/Guardian Access**  
**Requirements and Procedures for accessing the Electronic**  
**Medical Record of Children < 18 years of age or Legal Guardians**

Requirements for accessing a child's record:

- The individual(s) requesting access must have parental or legal guardianship rights (legal documentation may be required).
- The FollowMyHealth Parental/Guardian Access Application, included below, must be completed, signed and submitted for approval. Two parents or guardians may apply for access on one application, but a separate application is required for each child. A signature from each parent/guardian listed on the application is required unless both parents/guardians live at the same address.
- Each parent/guardian requesting access must establish their own FollowMyHealth account in order to access the child's record.
- Acknowledge when a minor child turns 12 years old, access to the child's record will be limited to data entered prior to their 12th birthday. Due to state regulations, we are currently unable to make medical records accessible via FollowMyHealth for patients 12 to 17 years old. If you or your child falls into this age group, please contact our Help Desk at 515-875-9250 for assistance with alternate methods for obtaining medical records.
- Acknowledge FollowMyHealth is not to be used in an emergency.
- Agree to abide by the terms and conditions of the FollowMyHealth site ([www.iowaclinic.com/followmyhealth](http://www.iowaclinic.com/followmyhealth))

Procedures for parents/guardians accessing a child's record:

- Typically within 3-5 business days after the completed authorization form is received and approved, a Proxy invite will be emailed to the parent/guardian. Invitations will allow the parent/guardian to login to their existing account and select the child or require the parent/guardian to create an account in their (the parent/guardian) name.
- Once a parent/guardian has established their own FollowMyHealth account they can access the child's record by:
  - Logging in to FollowMyHealth with their own FollowMyHealth ID and password.
  - Selecting their child's name from the Hello dropdown to access the child's medical information.

Parent/Guardian access to a child's record shall be revoked when:

- Parent/Guardian submits a request to revoke the access online.
- Child turns 18 years old.
- Child advises The Iowa Clinic of his/her emancipated status.
- Parent/parent or parent/child access disputes cannot be resolved.

Communication on behalf of the child must be sent under the child's name. Responses will be received in the child's name/chart.

The Iowa Clinic reserves the right to revoke access to FollowMyHealth at any time for any reason.

The Iowa Clinic  
**FollowMyHealth Parental/Guardian Access Application**  
**Parent/Legal Guardian Access to the Electronic Medical Record of a Minor**

Please print **Patient's/Child's** information. (A separate form is required for each child.)

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Patient's/Child's Full Legal Name          Date of Birth          Gender

\_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_  
Complete Mailing Address          City          State          Zip Code

Please print **Parent/Legal Guardian** Information1:

\_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_  
Parent's/Legal Guardian's Full Legal Name          Date of Birth          Telephone Number

\_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_  
Complete Mailing Address          City          State          Zip Code

\_\_\_\_\_

E-Mail Address

Relationship to Patient: Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian\* \_\_\_\_\_ Other, please specify\* \_\_\_\_\_  
**(\*Legal documentation is required)**

If applicable, please print second **Parent/Legal Guardian** Information2:

\_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_  
Parent's/Legal Guardian's Full Legal Name          Date of Birth          Telephone Number

\_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_  
Complete Mailing Address          City          State          Zip Code

\_\_\_\_\_

E-Mail Address

Relationship to Patient: Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian\* \_\_\_\_\_ Other, please specify\* \_\_\_\_\_  
**(\*Legal documentation is required)**

I have read and understand the requirements and procedures for accessing the patient's/child's medical record information online. I certify that I am the parent or legal guardian of the child listed above and that all information provided is correct. If I am not the parent but legal guardian, I have provided the required documentation. I hereby request access to the patient's/child's electronic medical record. I understand that this electronic access will end upon the patient's/child's 18th birthday. I verify the above e-mail address is correct and approve receiving this confidential information (access code) via this e-mail address.

\_\_\_\_\_          \_\_\_\_\_  
Parent/Legal Guardian Signature1          Date

\_\_\_\_\_          \_\_\_\_\_  
Parent/Legal Guardian Signature2          Date

**Return the Completed Form to:**

The Iowa Clinic with proof of identity and legal documents as noted above.

**Questions may be directed to: 515-875-9250**