



This form is for access to your child's (under 12 years of age) Lee Health MyChart account.

1. Parent / Guardian Information:

Parent / Guardian Name (Last, First, Middle Initial): _____
Social Security Number: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
E-mail Address: _____ Phone Number: _____

2. Minor(s) for Whom Access is Requested and Relationship to Minor(s)

Minor 1:

Name (Last, First, Middle Initial): _____ Date of Birth: _____
 Address: Same as Parent Above
Street Address: _____ City: _____ State: _____ Zip: _____
Patient's Email Address: _____
Please check box that applies:
 Parent (Married to Other Parent of Minor or Never Married with all Legal Rights)
 Legal Guardian Power of Attorney for Healthcare
 Divorced or Unmarried Parent with Sole / Shared Parental Responsibility
 Other

Minor 2:

Name (Last, First, Middle Initial): _____ Date of Birth: _____
 Address: Same as Parent Above
Street Address: _____ City: _____ State: _____ Zip: _____
Patient's Email Address: _____
Please check box that applies:
 Parent (Married to Other Parent of Minor or Never Married with all Legal Rights)
 Legal Guardian Power of Attorney for Healthcare
 Divorced or Unmarried Parent with Sole / Shared Parental Responsibility
 Other

Minor 3:

Name (Last, First, Middle Initial): _____ Date of Birth: _____
 Address: Same as Parent Above
Street Address: _____ City: _____ State: _____ Zip: _____
Patient's Email Address: _____
Please check box that applies:
 Parent (Married to Other Parent of Minor or Never Married with all Legal Rights)
 Legal Guardian Power of Attorney for Healthcare
 Divorced or Unmarried Parent with Sole / Shared Parental Responsibility
 Other

3. Required Documentation:

If you are the Legal Guardian, a Divorced Parent with Sole or Shared Parental Custody, have a Power of Attorney for Healthcare for the minor or other documentation which would allow you access to the minor's medical information, you may be requested to provide Lee Health, and its Affiliated Covered Entities, and Community Connect Partners copy of the legal document with this request for parental access.

I understand that when a minor turns 12 years old, parental access to the child's Lee Health, and its Affiliated Covered Entities, and Community Connect Partners will be terminated. If I am requesting the documents as the Married Parent of the Minor or Unmarried Parent with all Legal Rights, I certify that I have not had my legal rights to the requested medical records restricted by any Court Order.

Signature of Parent / Authorized User Date/Time

Return Completed Form to your physician's office.