

# ADOLESCENT ACCESS FORM

(Adolescent access to the Your Account Patient Portal for protected health care conditions when 12-17 years of age)

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## PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last 4 Digits of SSN\*: \_\_\_\_\_ Gender: \_\_\_\_\_ Male  
\_\_\_\_\_ Female

*\*Required for authentication purposes*

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## ACCESS GUIDELINES

- For patients 12-17 years of age with a protected health care condition.
- Patient may drop off the completed form to the patient's primary site location of Adventist Health System.
- Requests are processed within 3-5 business days upon receipt.
- Portal access must be discussed with health care provider.

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I have read and understand the terms of use for access to the Your Account Patient Portal. I have a protected health care condition that allows me to block my parent(s)' or legal representative's access to information about that protected health care condition. I understand that my parent(s) or legal representative may still obtain access to my medical record through the Health Information Management Department, as permitted by law.

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Provider Signature Date