



NL Health Services

MyHealthNL Youth Consent (12-15 Years Old) (Part I)

Purpose: This form is for patients 12–15 years of age to give permission for a parent or guardian to view and/or manage their MyHealthNL account.

Parent/Guardian Instructions: Completed forms are uploaded through your own MyHealthNL account. If the youth does not have capacity to consent, please contact MyHealthNLSupport@nlhealthservices.ca or call 1-833-961-3750 from 8:30 am -4:30 pm Monday - Friday.

Patient Instructions (the person 12-15 years of age): **Read this form carefully.** Your parent or guardian can help you fill out the form, but only you can sign it. All references to “patient” mean you.

Patient Information:

Health Card Number: (MCP/other) _____

Name: _____ Date of Birth: DD/MM/YYYY _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email: _____ Telephone: _____

Is this email account shared with or owned by another person? Yes No

Is this telephone number shared with or owned by another person? Yes No

Proxy (Parent/Guardian) Information:

Name: _____ Date of Birth: DD/MM/YYYY _____

Address: _____

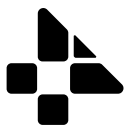
City/Town: _____ Province: _____ Postal Code: _____

Email: _____

- ▶ **MyHealthNL** is NL Health Services’ digital tool that lets patients see their own health records and book and cancel appointments.
- ▶ **Consent** means agreeing to something, without pressure, and understanding what you are agreeing to.
- ▶ A **proxy** is a person who can access your MyHealthNL.

You do not have to sign this form. If you do, you are giving your permission (consent) for your parent or guardian to access your MyHealthNL. Their access will end automatically when you turn 16-years-old. At that time, you can give permission again if you still want your parent/guardian to see your MyHealthNL.

You can change or remove your parent/guardian’s access to your MyHealthNL at any time. Just email MyHealthNLSupport@nlhealthservices.ca or call 1-833-961-3750 from 8:30 am - 4:30 pm Monday - Friday; you do not need their permission to do this.



If you want your parent or guardian to access your MyHealthNL, **you can pick** what type of proxy access they have. There are three different types:

Features available to your parent/guardian:	Proxy Access Type		
	Full Access	Messaging and Scheduling Only	Administrative Only
See your health records, including test results, health problems, medications, past visits, and visit notes.	✓	✗	✗
Use messaging and schedule appointments for you.	✓	✓	✗
Check-in for an appointment on your behalf.	✓	✓	✗
Answer questionnaires and forms on your behalf and give health related history.	✓	✓	✗
Update insurance information and make payments.	✓	✓	✓

Patient Signature:

By signing this form, you agree that you understand what proxy access means and what it allows, and you give permission for the person named on this form to have the following type of access (select one):

- Full Access
- Messaging and Scheduling
- Administrative Access

If you have been pressured to sign this form, change your mind, or want to change the proxy access type at any time, email MyHealthNL@nlhealthservices.ca or call 1-833-961-3750 from 8:30 am - 4:30 pm Monday - Friday. You can keep a copy of this form so that you have this information.

Name: _____ Signature: _____ Date: DD/MM/YYYY

It is an offence under the Personal Health Information Act to obtain another person's personal health information by falsifying their consent. Persons could be liable on summary conviction to a fine of not more than \$10,000 or to imprisonment for not more than six months, or to both.