



REQUEST ACCESS TO

MYHEALTH ACCOUNT FOR ADOLESCENT (AGES 12-18 YEARS)

For Patient

If you are an adolescent (aged 12-18 years) and wish to gain access to your information available in MyHealth, complete Part 1 below in full, then take this form to your Physician or Nurse Practitioner for completion of Part 2.

PART 1 – Patient Information <i>(your own information)</i>				
Last Name	First Name		Middle Name(s)	
Former Name(s)	Date of Birth (YYYY-MMM-DD)		Personal Health Number (Care Card Number)	
Mailing Address		City	Province	Postal Code
Email Address (used for your MyHealth account invitation)				
Patient Attestation				
I attest that the information provided in this form is truthful and accurate.				
Patient Name (print)	Patient Signature		Date Signed (YYYY-MMM-DD)	

For Physician/Nurse Practitioner

The above listed individual has requested to have access to their personal information in MyHealth. MyHealth is an Island Health web-based patient portal system which allows patients to access certain information (e.g., lab and imaging results, appointments) in Island Health's Electronic Health Record. In the future, MyHealth will include other more detailed clinical documentation. For more information, please visit www.islandhealth.ca/myhealth.

In order to provide access to Minors (aged 12-18 years), we are requesting that you confirm if the patient listed in Part 1 – above, is sufficiently mature and capable to understand the information contained in their Electronic Health Record.

PART 2 – Physician/Nurse Practitioner Information				
Last Name	First Name		Office Stamp (optional)	
Profession	MSP #	Office Phone #		
Office Mailing Address	City	Province	Postal Code	
Physician/Nurse Practitioner Confirmation				
I confirm that this patient is sufficiently mature and capable to have access to their Personal Health Information via MyHealth.				
Provider/Nurse Practitioner Name (print)	Provider/Nurse Practitioner Signature		Date Signed (YYYY-MMM-DD)	

Send your completed form to Island Health:

- Email: MyHealth@islandhealth.ca
- In person at any Island Health Hospital Main Admitting Desk (route to VGH Health Records Department)
- Mail: Health Records Department, Victoria General Hospital, 1 Hospital Way, Victoria BC, V8Z 6R5

For more information on MyHealth visit www.islandhealth.ca/myhealth

The information provided in this form is collected under Section 26(c) of the Freedom of Information & Protection of Privacy Act.