



Authorization for Third Party Access to My CS-Link Account CHILD UNDER AGE 12

This form should be completed by a parent or permanent legal guardian ("Proxy") who wants access to portions of his/her under 12 year old child's electronic protected health information ("ePHI") maintained by the Cedars-Sinai Health System. There is no access to a child's My CS-Link account for a child 12 years of age and older. The Proxy will need to show his/her photo ID.

Child's ("Patient") Information		
Patient's Name:		DOB:
Medical Record Number (if known):	P	hone:
Street Address:		
City:		
Parent/Permanent Legal Guardian ("Prox	xy") Information	
In order to view the Child's ("Patient's") in	nformation, the Pro	oxy must also obtain their own My
CS-Link account.		
Proxy's Name:		DOB:
SS#: (entered directly into computer) Ph		
Street Address:		
City:	State:	Zip:
My Relationship to the Child is as follows	s:	
☐ Parent		
OR		
☐ Permanent Legal Guardian — Must atta Letters of Guardianship verifying the Prox		

By signing below, I acknowledge and agree that:

- I will be using my own My CS-Link account to access the Child's My CS-Link account.
- I will comply with the terms and conditions on the My CS-Link web page (located at https://patients.mycslink.org, then select the Terms and Conditions link on the page) and this document.
- I will keep my password confidential and not share this information with anyone.
- I must have parental rights or permanent legal guardianship rights to access this Child's record.
- I have not been denied periods of physical placement with the Child and there are no court orders or restraining orders in effect limiting my access to this Child's medical records and/or information.
- Communications on behalf of the Child through My CS-Link must be sent from the Child's record and responses will be received in the Child's record. My CS-Link e-mail alerts will be sent to the e-mail address I supply when I activate my account.





- There are age range limitations for My CS-Link. These age range limitations do not affect
 any legal right I have to access the Child's record by other means. I can request a paper
 copy of the Child's record by contacting the Health Information department.
- For a child age 0 to 11 years, I will be granted full access to the Child's My CS-Link record. On the Child's 12th birthday, I will no longer have access to the Child's My CS-Link record.
- I authorize the Use or Disclosure of Electronic Protected Health Information.
- If my legal status changes, I will notify Cedars-Sinai Health System.

X	/	/	/			
Proxy Signature	Proxy Name (pr	inted) Date	Time			
For Official Use:						
 I have given a photocopy of the signed My CS-Link Authorization document to the Patient. I HAVE PLACED A PATIENT LABEL ON EACH OF THE PAGES GOING TO HEALTH INFORMATION. 						
3. I have viewed	I the Proxy's government-issu	ed ID on	by			
		(Da	te)			
(Si _l	gnature of CSHS Staff)	(Printed Name of CSHS	Staff)			
Patient Name:	Patient DOE	3: Patient I	MRN (optional):			

Please return the completed form to your child's physician's office. If you have questions about how to fill out the form, please contact your child's physician's office.