

**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): \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Permanent Legal Guardian (“Proxy”) Information**

In order to view the Child’s (“Patient’s”) information, the Proxy must also obtain their own My CS-Link account.

Proxy’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: *(entered directly into computer)* Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**My Relationship to the Child is as follows:**

**Parent**

**OR**

**Permanent Legal Guardian** – Must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the Proxy status as permanent legal guardian of the patient.

**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 12<sup>th</sup> 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 (printed)                      Date                      Time

**For Official Use:**

- 1. I have given a photocopy of the signed My CS-Link Authorization document to the Patient.**
- 2. I HAVE PLACED A PATIENT LABEL ON EACH OF THE PAGES GOING TO HEALTH INFORMATION.**
- 3. I have viewed the Proxy's government-issued ID on \_\_\_\_\_ by**

(Date)

\_\_\_\_\_  
(Signature of CSHS Staff)

\_\_\_\_\_  
(Printed Name of CSHS Staff)

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Patient 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.**