

Vanderbilt University Medical Center
Parental Access to the My Health at Vanderbilt
(MHAV) Account of a Child Under 13 Years Old
MHAV Access - Child Under 13



Patient Label or Patient Identifiers

Patient Name: _____

Patient Date of Birth: ____/____/____

Last 4 digits of the Patient's Social Security Number: _____

Access for a Parent or Legal Representative to the My Health at Vanderbilt
(MHAV) Account of a Child Under 13 Years Old

Email Address of Parent/Legal Representative: _____

You must provide an email address. Notice of MHAV messages in your account will be sent only to this email address. Previous email addresses will be deleted.

Parent's/Legal Representative's Name: _____

Address: _____

Parent's/Legal Representative's Date of Birth: _____ Phone Number: _____

Last 4 digits of Parent's/Legal Representative's Social Security#: _____

Are you currently or have you ever been a patient at Vanderbilt? Yes No

Former Name(s), such as maiden name: _____

Relation to child: Parent Legal Representative

Primary access to a child's account is only available to parents or individuals with documented status as a legal representative.

I am the parent or legal representative of the child named above and I request access to the child's information online through MHAV. I understand the requirements and procedures for accessing the child's information online through MHAV. All the information I have provided is correct, and I have rights to access the child's information online through MHAV. I understand that access will be revoked when the child turns 13 and a new MHAV application for patients aged 13-17 must be completed at any Vanderbilt clinic.

Parent's/Legal Representative's Print Name: _____

Parent's/Legal Representative's Signature: _____

Relation: _____ Date: _____ Time: _____

FOR CLINIC USE ONLY:

Parent's/Legal Representative's ID verified by VUMC Staff or Provider:

Print Name: _____ Title: _____

Signature: _____ Date: _____ Time: _____

Fax to (615) 875-2820.

Or, if you have access to campus mail, send to HealthIT, My Health at Vanderbilt, 3401 West End Suite 500 E, Nashville, TN 37203 Campus Zip 8363