

Vanderbilt University Medical Center
Parental/Legal Representative 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

Preteen/Patient Name: _____

Preteen/Patient Date of Birth: ____/____/____

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

Parent's or Legal Representative's Agreement

Parent's/Legal Representative's Email: _____

*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: _____

City: _____ **State:** _____ **Zip Code:** _____

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, or other names: _____

Relation to child: Parent Stepparent Other Legal Representative: _____

**For representatives other than parents, please provide legal documentation to the clinic or fax to 615-875-2820. This includes: Custody, Power of Attorney, Conservatorship, Guardianship, Department of Children Services Letter for Foster Parents, etc. You may also submit documentation via secure email to MHAVLegal@VUMC.org. Please note that email that is not sent securely (i.e., unencrypted email) may be intercepted and seen by others during transmission. By choosing to send information by unencrypted email, you accept these risks.*

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 Government-Issued Photo ID verified by VUMC Staff or Provider:
Print Full Name: _____ **Title:** _____
Full Signature: _____ **Date:** _____ **Time:** _____
Vanderbilt staff, please fax to (615) 875-2820.