

**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, an application and legal documents are required to get access to My Health at Vanderbilt. Legal documents include but are not limited to Custody Orders, Powers of Attorney that include health care decisions, Conservatorship, Guardianship, Department of Children Services Letter, etc. If you are unable to provide legal documents at the clinic, please send legal documents ONLY by fax to:(615) 875-2820 or secure email to (MHAVLegal@vumc.org). Applications can only be submitted by a VUMC staff member and will not be accepted by fax or secure email. Please know that emails not sent securely (unencrypted emails) may be intercepted and seen by others. When you choose this option, you assume 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.