Permission for Adolescent Access to MyTeamCare (ages 13-17)

Purpose of the Access: To allow my child between the ages of 13 to 17 to view and communicate regarding their own health information through MyTeamCare for treatment purposes.

I authorize Texas Tech Physicians of Lubbock (TTPL), to release health information via MyTeamCare Patient Portal to _________________________ (adolescent’s name).

The following information will be released: Any and all information as available through MyTeamCare.

- I understand that I have a right to revoke this permission at any time by contacting MyTeamCare at (877) 621-8014. If permission is revoked, portal access will be terminated until the patient reaches the age of 18. I understand that this authorization is in effect until it is revoked.
- I understand that any revocation will not apply to information that has already been released in response to this authorization.
- I understand that the health information available in MyTeamCare may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), birth control, pregnancy or family planning, and genetic testing. It may also include information about behavioral or mental health services or treatment for alcohol and drug abuse.
- I understand that I can refuse to sign this form and treatment will not be affected.
- If I have questions about HIPAA and my rights related to the disclosure of my child’s health information, I may contact the Texas Tech University Health Sciences Center Regional Privacy Officer.
- I agree to waive and release my physician, TTPL and its affiliated entities, and its officers, directors, employees, agents, successors, and assigns from any and all claims or causes of action that in any way relate to use of MyTeamCare by my child.
- I understand that the health information available online through MyTeamCare is NOT an official or complete copy of my child’s entire medical record. I understand I may request a copy of the official medical record and that there may be search, handling and photocopying fees associated with obtaining an official copy of medical records.
- I understand it is the policy of TTPL to not give parents or legal guardians access to an adolescent’s MyTeamCare account but I may contact my child’s physician or nurse to discuss their healthcare and treatment.

I have read (or had read to me) this document and the Information Sheet and all of my questions have been answered. I agree to the uses and disclosures of the information described.

________________________________ _____________________________
Signature of Parent/Legal Guardian of Patient   Date