

## MyHealthPortal Features

View lab results, medical imaging reports (such as X-ray, CT and ultrasound scans), certain transcribed reports, upcoming appointments, and visit history. You can also update your contact information.



## Privacy

Protect your privacy! Never share your login or password information. Take care when viewing MyHealthPortal at a public location or printing information from the portal.

## How to get a MyHealthPortal account

1. Complete the **Authorization For Access to MyHealthPortal Account For Mature Minor** form.
2. Have the form signed by your Health Care Provider. (Family Doctor, Nurse Practitioner, Psychologist)
3. Contact MyHealthPortal support for information on securing uploading your completed form. Do not email the form. Alternatively, you can take the form to Health Records at your local hospital/health records for verification.
4. You will receive an email notification when you can complete your enrolment.



Interior Health

## Mature Minors 12 – 18

Secure online access to your Interior Health information from your computer or smart phone, anytime.



For further information contact  
MyHealthPortal Support at  
1-844-870-4756 or email  
[MyHealthPortal@interiorhealth.ca](mailto:MyHealthPortal@interiorhealth.ca)





# AUTHORIZATION FOR ACCESS TO MYHEALTHPORTAL ACCOUNT FOR MATURE MINOR

Personal Information contained on this form is collected under The Freedom of Information and Protection of Privacy. Act and will be used only for the purpose of responding to your request

Patient Name *(last)* \_\_\_\_\_  
*(first)* \_\_\_\_\_  
 DOB *(dd/mm/yyyy)* \_\_\_\_\_  
 PHN \_\_\_\_\_ MRN \_\_\_\_\_  
 Account / Visit # \_\_\_\_\_  
**IH USE ONLY**

## I would like to request unrestricted access to my personal health information contained within MyHealthPortal

Name *(First/Middle/Last)* \_\_\_\_\_ PHN (Provincial Health Number / Care Card) \_\_\_\_\_  
 Date of Birth *(dd/mm/yyyy)* \_\_\_\_\_ Email \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City / Town \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Date *(dd/mm/yyyy)* \_\_\_\_\_ Full Name \_\_\_\_\_ Signature \_\_\_\_\_

## Section below to be completed by a Physician, Nurse Practitioner or Psychologist

The Minor above has requested to have unrestricted access to his/her Personal Health Record via the Interior Health Patient Portal – MyHealthPortal.MyHealthPortal is an on-line web-based system that display information contained in the Interior Health Enterprise Medical System (MEDITECH). This currently includes Lab and Microbiology Results, Medical Imaging Reports, Certain Transcribed Reports, Upcoming Visits, Visit History, Allergies and Personal Demographic Information. Addition information will be made available in the future.

As his/her Health Care Provider, you are requested to complete the Form to confirm that the Minor is sufficiently mature and capable to understand the information contained in their Personal Health Record.

A Minor is defined as anyone under the Age of Majority (19 years in B.C.)

## I confirm that this Patient is sufficiently mature / capable to have unrestricted access to the personal health information contained within MyHealthPortal:

Health Care Provider Name *(First/Middle/Last)* \_\_\_\_\_  
 Health Care Provider Speciality (Profession or Society) \_\_\_\_\_  
 Date \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City / Town \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Date *(dd/mm/yyyy)* \_\_\_\_\_ Time (24 hour) \_\_\_\_\_ Prescriber's Name / Signature \_\_\_\_\_ College ID# \_\_\_\_\_

Permanent part of the health record

Note: The signing of this form is for Information Access only; it does not apply to Emergency Health Care or Treatment. Minors have the option to request access to their health care record information at the Health Records Department of their Local IH facility. The minor is to present form and identification to health records for verification.

## HEALTH RECORD USE ONLY

Form Completed and Identity Verified

Date *(dd/mm/yyyy)* \_\_\_\_\_ Time (24 hour) \_\_\_\_\_ Staff Initial \_\_\_\_\_ Designation \_\_\_\_\_