

### **Access to online Medical Record of a minor patient**

Parents or legal guardians can access Cole Connect information for minors by completing the Authorization for Access to Other Patients Cole Connect form.

Requirements for accessing the child's record:

- I must be the parent or legal guardian of child for whom I am requesting access
- I must complete Authorization for Access to Other Patients Cole Connect form. Form must be completed in all required areas, signed and returned to the address on the bottom of the form
- I must log in or register to Cole Connect with my own User ID & Password
- I agree to abide by the terms and conditions of the Cole Connect site
- Parental access expires when the patient reaches adult status as defined by law
- **Cole Connect is not to be used in an emergency**

### **Access to online Medical Record of adult patient**

Adult patients, as defined by law, can give another adult access to your Cole Connect account at your own request by completing the Authorization for Access to Other Patients Cole Connect form.

Cole Memorial is required by law to keep your healthcare information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it will no longer be protected by state and federal laws.

I understand that

- I must log in or register to Cole Connect with my own User ID & Password
- I agree to abide by the terms and conditions of the Cole Connect site
- **Cole Connect is not to be used in an emergency**

### **Revocation of authorization**

I understand that I have a right to revoke this authorization at any time. I understand that the revocation will not apply to information that has already been released. It is my responsibility to revoke access by sending a written notice of revocation to the Cole Memorial HIM department, 1001 East Second Street, Coudersport Pennsylvania 16915 Phone: 814-274-5275. This authorization will remain in effect until revoked.

Cole Memorial reserves the right to revoke online access to Cole Connect at any time.

**Patient Label:**

**AUTHORIZATION FOR ACCESS TO  
OTHER PATIENTS COLE CONNECT**



Form ID# 012115 Original 10/20/14 Revised 2/25/15

  
**COLE Memorial**

The logo features a stylized arch above the text "COLE Memorial", where "COLE" is in a larger, bold, serif font and "Memorial" is in a smaller, regular serif font.

<b>Patient information</b>	
Patient name:	_____
Patient date of birth:	_____
Patient address:	_____
Patient medical record number:	_____

<b>Access Granted To</b>	
Name:	_____
Date of Birth:	_____
Address:	_____
Email address:	_____
Do you have a Cole Connect Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Patient:	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian
	<input type="checkbox"/> Other (please specify): _____

I have read and understand the requirements and procedures for accessing medical record information online as provided. I agree to allow the person being granted access to access My Cole Connect information. I understand I may revoke this access at any time.

Signature of patient (parent/legal guardian in case of a minor)

Signature	Date/time
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Signature of person granting access (if other than the patient)

Signature	Date/time
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<b>Staff use:</b> Staff signature:
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**Patient Label:**

**AUTHORIZATION FOR ACCESS TO  
OTHER PATIENTS COLE CONNECT**

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