

## Statement of Acceptance

### MyPatients at Boston Children's – Initial Certification and Agreement

Boston Children's Hospital (BCH) is committed to respecting patient privacy and protecting the confidentiality and security of patient health and BCH information. You are attempting to access Boston Children's Hospital (BCH) patient health information through MyPatients at Boston Children's (hereinafter referred to as "MyPatients"). By signing in the space provided below, you acknowledge and agree to adhere to the following terms and conditions when accessing MyPatients:

1. You will access patient and/or health care operations information using MyPatients only as necessary for treatment, payment and operations purposes as defined in the Privacy Rule, or as specifically authorized by Boston Children's Hospital
2. You will disclose any information you view through MyPatients only as necessary for treatment, payment and/or health care operations purposes and only consistent with governing privacy restrictions which may vary according to the type of information viewed;
3. You will keep your password(s) and/or user ID(s) confidential and will not share them with any other person or entity and you will not allow any other person to log into MyPatients using your ID or password;
4. You acknowledge that you have reviewed and will comply with the BCH Provider Portal Access Policy (<https://mypatients.childrenshospital.org/provider-portal-patient-viewer/help/policy.pdf>) and any other policies required by Boston Children's Hospital from time to time as a condition of MyPatients access and use;
5. You understand and agree that BCH may audit your use of MyPatients;
6. You understand that failure to comply with these requirements may result in corrective action, including, but not limited to termination of access to MyPatients, disciplinary action, and personal liability for breach of confidentiality of information.

Also: You acknowledge that adolescent health records present special privacy concerns as they are more likely to contain sensitive health information entitled to heightened protection and for which patient consent is required for their release. Such sensitive health information includes confidential adolescent patient / provider communication, services, or laboratory tests such as information on sexually transmitted infections, genetic testing, HIV testing, reproductive health services, substance abuse and psychotherapy services. You agree to maintain the confidentiality of this information.

By signing below, you acknowledge that you have read the above terms and conditions and that you agree to be bound by all terms and conditions of this agreement.

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Signature

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Date

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Print name



**Boston Children's Hospital**  
Until every child is well™

Thank you for your interest in MyPatients at Boston Children's. As a reminder, you need to submit your documentation before we can process your request.

**Required documents include:**

1. A copy of a valid government issued ID (U.S. Driver's License or Passport).
2. A signed Certification & Agreement that is printed on your practice letterhead. If you do not have access to practice letterhead, please have your signature certified by a Notary Public.

**To submit:**

Fax **or** email your required documents to:

Fax number: 617-730-4844  
Attention: MyPatients Provisioning

Email address: [mypatientsprovisioning@childrens.harvard.edu](mailto:mypatientsprovisioning@childrens.harvard.edu)  
Attention: MyPatients Provisioning

To reprint this Certification & Agreement, go to:

<https://mypatients.childrenshospital.org/provider-portal-patient-viewer/help/agreement.pdf>

Processing of your MyPatients registration request will take up to three business days once the required documentation is received.

Thank you,  
The MyPatients Team