

Rx365 Parental/Guardian Access

Iowa Specialty Pharmacy

Requirements and Procedures for accessing the Electronic Medication Record of a Minor (under 18 years of age)

Requirements for accessing a minor patient's electronic medical record:

- The individual(s) requesting access must have parental or legal guardianship rights (legal documentation may be required).
- The Rx365 Parental/Guardian Access Application must be completed, signed and submitted for approval. Two parents or legal guardians may apply for access on one application, a separate application is required for each patient. A signature from each parent/guardian listed on the application is required unless both parents/guardians live at the same address.
- Each parent/guardian requesting access must establish their own Rx365 account in order to access the patient's record.
- Acknowledge Rx365 should not to be used in an emergency.

Procedures for parents/guardians accessing a minor patient's electronic medical record:

- Typically 3-5 business days after the completed application form is received and approved, parental/guardian access to the patient's record will be established.
- A letter, email, or text will be sent to each parent/guardian on the application confirming whether the application has been approved or denied.
- Parents/guardians who do not currently have a Rx365 account will be contacted by the pharmacy to activate their own Rx365 account, from which they can access the patient's record.
- If a parent/guardian already has a Rx365 account, they may receive a secure message confirming access has been established.
- Once a parent/guardian has created their own Rx365 account, they can access the patient's record by:
 - Logging in to Rx365 with their own Rx365 username and password.
 - Selecting the patient's name from the dropdown menu to access the patient's medical information.

Parental/Guardian access to a minor patient's electronic medication record shall end:

- For parents, upon the patient's 18th birthday or if the patient or provider revokes access prior to that time and ends at the time of death.
- For legal guardians, after one year (or as indicated in legal documents), or upon the patient's 18th birthday unless the patient or provider revokes access prior to that time and ends at the time of death.
- If the patient advises Iowa Specialty Pharmacy of his/her emancipated status.
- If the parent/patient access disputes cannot be resolved.
- If the parental rights are legally terminated.

Communication on behalf of the patient must be sent from the patient's record, accessed by selecting the patient's name, and responses will be received in the patient's record.

Rx365 access can be revoked by Iowa Specialty Pharmacy at any time if not used appropriately.

*If the patient has a mental health disorder, additional access may be granted upon completion of the Rx365 Caregiver Access Application (Pediatric) form

Rx365 PARENTAL/GUARDIAN ACCESS APPLICATION
(Parent/Guardian Access to the Electronic Medication Record of a
Minor)

Iowa Specialty Pharmacy
215 13th Ave SW, Clarion, IA 50525
Telephone: 515-532-2801; Fax: 515-532-9321

Patient information (a separate form is required for each patient):

Patient's full legal name _____ Date of birth _____

Complete mailing address _____ City _____ State _____ Zip code _____

1) **Parent/Guardian** information:

Patient/Guardian's full legal name _____ Date of birth _____ Mobile number _____

Complete mailing address _____ City _____ State _____ Zip code _____

Email address _____

Relationship to patient: _____ Parent _____ Guardian* _____ Other*: _____

2) If applicable, **Parent/Guardian** information:

Patient/Guardian's full legal name _____ Date of birth _____ Mobile number _____

Complete mailing address _____ City _____ State _____ Zip code _____

Email address _____

Relationship to patient: _____ Parent _____ Guardian* _____ Other*: _____

*Legal documentation is required.

I certify that I am the parent or legal guardian of the patient listed above and that all information provided is correct. If I am not the parent but legal guardian, I have provided the required documentation. I hereby request access to the patient's electronic medication record. For parents, I understand this electronic access will automatically end upon the patient's 18th birthday or if the patient or provider revokes access prior to that time and ends at the time of death. For legal guardians, I understand this electronic access will automatically end after one year (or as indicated in legal documents), or upon the patient's 18th birthday unless the patient or provider revokes access prior to that time and ends at the time of death.

This form is not needed for the patient to be evaluated or treated. I verify the above email address/mobile number is correct and approve receiving this confidential information via this email address/mobile number. I understand this may not be a secure means to receive information. I understand Rx365 access can be revoked by Iowa Specialty Pharmacy at any time if not used appropriately.

1) Parent/Guardian signature _____ Date _____

2) Parent/Guardian signature _____ Date _____

Once completed, return U.S. mail, fax, or return in person to pharmacy as listed above.

Internal use only

Verified and processed by: _____ Date: _____