



Request for Parental or Guardian Portal Access

The information provided below will be used to identify you and your child(s) record which will be stored in the University of Denver Health & Counseling Center HIPAA-compliant database.

Details required for Account creation:

*First Name		*Last Name	
*Date of Birth	*DU ID (if available)	Primary email address	

DU HCC will send emails to the address listed above with assigned username and password, once the account has been created. Please look for emails from hcclinfo@du.edu

We can allow association of more than one parent or guardian per child account. We ask that each parent or guardian complete a separate request for access to view records.

Identify the child(ren) under the age of 18 for which you need to view records.

Relationship	DU ID (if available)	Name (first and last)	Date of Birth	Gender
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- I understand that only the personal information specific to testing will be disclosed to the University, county, state or any other government entity as required by law.
- I understand this consent is for view only access to records related to COVID-19 Testing stored on the Health & Counseling Center (HCC) system and the testing unit is not acting as my child's medical provider. This test does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. Although the testing unit is not child's medical provider, I understand that the testing unit follows the Health and Counseling Centers Notice of Privacy Practices for confidentiality of health records and is available at <https://www.du.edu/health-and-counseling-center/aboutus/hipaa.html>.
- I acknowledge that a positive test results is an indication that my child must self-isolate as directed in the effort to avoid infecting others.
- I agree to seek medical advice, care and treatment from my child's medical provider if I have questions or concerns.
- I understand that as with any medical test, there is the potential for false positive or a false negative.

By signing this access form for COVID-19 testing results, I acknowledge that I have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign, and I have been told I can ask additional questions at any time.

Signature

Date