

AUTHORIZATION FOR CHILD PROXY ACCESS TO PATIENT PORTAL

Children Ages 0-11

Proxy Access will be discontinued at the time the Child turns 12 years of age*

To sign up for access to your child's Patient Portal, please complete this child proxy form and return to CMH.

Parent/Guardian Proxy Information: (all sections required)

Proxy's Name: _____ (first) _____ (MI) _____ (last)

Date of Birth: ____/____/____ Phone Number: (____) - ____ - _____ Sex: M / F / Other _____

Email Address: _____

Street Address: _____ City: _____ State: ____ Zip code: _____

Proxy Relationship to Child: (Please check appropriate box):

Parent

Legal Guardian of the Patient*

Must attach copy of the Court Order appointing Guardian and Letters of Guardianship verifying the Proxy's status as permanent Legal Guardian of the patient

Child Information: (All sections required)

Child's Name: _____ (first) _____ (MI) _____ (last)

Street Address: _____ City: _____ State: ____ Zip code: _____

Date of Birth: ____/____/____ Phone Number: (____) - ____ - _____ Sex: M / F / Other _____

Please take notice to the age range limitations for the Patient Portal. These limitations do not affect any legal right you have to access your child's record by any other means. These limitations are specific for Patient Portal use only. Requests for release of information can be made through CMH Raiter Family Clinic's Health Information Services Department.

- **Ages 0-11:** Parent/Guardian will be granted full access to child's Patient Portal record.
- **Ages 12-17:** Parent/Guardian will not be granted access to child's Patient Portal record unless Proxy access is requested and completed by child. Patient may choose full access or restricted access (appointments and immunizations).
- **Ages 18+:** Parent/Guardian will no longer have access to child's Patient Portal. Adult Proxy Access can be requested at this time by patient.

Allow access to these portals (check all that apply):

CMH Hospital

CMH Specialty Clinic

CMH Raiter Family Clinic

Proxy/legal guardian Signature

Date

CMH USE ONLY:

Medical Record Number: _____

Identification of patient verified? Y / N (circle one) **Method (circle one):** Photo ID / Compare Signature / Other: _____

Entered in:

Meditech (Date) _____ Completed by (staff name/signature) _____

Sp. eCW (Date) _____ Completed by (staff name/signature) _____

RC eCW (Date) _____ Completed by (staff name/signature) _____