

Patient Portal Proxy Access & Authorization for Minor Patient (age 0–12 years)

Health Information Management

A patient portal proxy is a person who is given authorized access to another patient's online health portal account. They can log into this account and manage certain parts of a patient's healthcare information digitally.

Instructions on how to set up proxy access to the patient portal for a minor patient (age 0–12 years):

- Complete and sign the form on the next page.
- The parent/guardian must attach a copy of their photo ID and provide proof of parentage/guardianship.
- Return the completed form along with the required supporting documents by mail or in person to:

Health Information Management
Frederick Health Village
1 Frederick Health Way
Frederick, MD 21701

- Or fax the form and documents to Health Information Management at 240-566-3619.

Proxy forms are reviewed and processed by Health Information Management before access is granted; processing may take some time.

Once you are granted proxy access, your minor patient's account will be found in your patient portal account under the Account Options tab. Once your minor patient turns 13 years old, their portal access will drop off your portal account, to respect the patient's rights to privacy.

PATIENT LABEL

Patient Portal Proxy Access & Authorization for Minor Patient (age 0–12 years)

I authorize Frederick Health (Frederick Health) to grant the parent/legal guardian proxy access to minor's electronic health information sent to the proxy's portal account.

Patient Information (*all sections required; please print clearly):

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)*

STREET ADDRESS*

CITY*

STATE*

ZIP*

E-MAIL ADDRESS*

PATIENT DATE OF BIRTH*

PHONE NUMBER*

Proxy Information (*all sections required; please print clearly):

PROXY NAME (LAST, FIRST, MIDDLE INITIAL)*

STREET ADDRESS*

CITY*

STATE*

ZIP*

E-MAIL ADDRESS*

PROXY DATE OF BIRTH*

PHONE NUMBER*

Proxy: Do you currently have your own account in the Frederick Health patient portal? (check one) ☐ Yes ☐ No

Please list any previous/other names you have that are associated with Frederick Health: _____

The parent/guardian of a minor 0–12 years old will be granted full access to the child's portal account.

My relationship with the Minor Patient is (select one)

- ☐ **Parent:** Must attach a copy of his/her photo ID and provide proof of parentage such as a birth certificate if parentage cannot be verified by Frederick Health.
- ☐ **Permanent Legal Guardian:** Must attach a copy of his/her Photo ID and attach proof of legal guardianship status if guardianship cannot be verified by Frederick Health.

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I understand that:

- Use of the patient portal is voluntary and is not a requirement. My child's treatment will not be impacted, whether or not I use the patient portal.
- The patient portal account does not reflect the complete contents of the patient's medical record; a full copy may be obtained from Health Information Management (240-566-4443).
- The patient portal is intended as a secure online portal for viewing confidential medical information. I will not share my patient portal username and password with others. I understand that if I share my username and password with another person, that person may be able to view my child's private medical information.
- Once Frederick Health discloses health information as requested, it potentially may be re-disclosed, and the disclosed information may no longer be protected by federal and state privacy laws.
- I confirm that there are no court orders or restraining orders in effect limiting my access to the minor patient's health records and/or health information.
- I confirm that all documents provided in support of my right to access the identified patient's protected health information (PHI) are true and correct copies and are the most recent documents related to this matter known to me.
- E-mail alerts will be sent to the e-mail address entered under Parent/Legal Guardian ("Proxy") Information.
- Access to the patient portal is provided by Frederick Health and they have the right to deactivate access at any time for any reason.
- My activities within the patient portal and the entries I make may become part of the medical record.
- My access to my child's medical records through the patient portal will be permitted only until my child reaches age 13.
- When my child reaches the age of 13, access to the portal records by a parent or legal guardian will terminate.
- To receive a copy of child's health records until the child reaches the age of 18, contact Health Information Management at 240-566-4443.
- By signing below, I acknowledge that I have read and understand this patient portal request, and I agree to its terms. I verify that I have parental rights or legal guardianship right to access the minor patient's protected health information (PHI).

PARENT/LEGAL GUARDIAN SIGNATURE (REQUIRED)

DATE AND TIME

PRINT PARENT/GUARDIAN NAME (REQUIRED)

RELATIONSHIP TO PATIENT