Request for Proxy Invitation to Follow My Health Patient Portal

Parent/Guardian's Name: ____

Relationship to Patient(s): ________________________________ **Parent/Guardian's Date of Birth:** ______________

Address: ____
Street

________________ _______ ___________________
City **State** **Zip**

Phone Number(s): (_______) ________ - ______________ **(Primary)**

(_______) ________ - ______________ **(Secondary)**

E-Mail Address: ______________________________________

Please list all children that you are requesting proxy access for:

Patient's Name	Patient's Date of Birth	Chart # (Interoffice Use)

By signing this Portal Proxy request **I acknowledge and agree that:**

- I am the parent or legal guardian of the above identified patient(s).
- There are no court orders or restraining orders in effect limiting my access to this Child's medical records and/or information.
- I am giving my permission for Raleigh Pediatric Associates to disclose the Child's protected health information (PHI) through the FollowMyHealth Patient Portal, which may include, but is not limited to: health summary, current problem list, current medications, lab results, appointment information.
- I will be granted full access to the Child's FollowMyHealth Personal Health Record (PHR) for the Child until his/her 18th birthday at which time I will no longer receive updates to the Child's FollowMyHealth Personal Record.

Signature of Parent/Guardian: ____ Date: __________________

sgb 08/2014