**KIDS CARE PEDIATRICS**

**Request for Proxy Invitation to Follow My Health Patient Portal**

**The FollowMyHealth patient portal at Kids Care Pediatrics is designed to enhance secure patient and provider communications and is provided as a courtesy to our valued patients. Please complete and submit this form to authorize Kids Care Pediatrics to email an invitation to create a portal account.**

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Primary)

 (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Secondary)

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PATIENT INFORMATION (PLEASE PRINT)**

Patient’s Name: Date of Birth :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing this Portal Proxy 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 Kids Care Pediatrics 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_