

## Patient Portal Minor Proxy Form

(Form C)

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### Access to your minor child's Patient Portal (Patient 0-12 years)

To sign up for access to your minor child's portal, please complete this Minor Child Proxy Form. Completing this form will establish a Patient Portal record for you and your child. You will need to submit a government issued ID for verification when completing this form.

#### A. Parent/Guardian Information (To Be completed by the individual requesting access. All Sections required. Please Print Clearly.)

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M / F

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_

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

#### B. Minor's Information (All Sections required. Please Print Clearly.)

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### C. Patient Portal Terms and Agreement

- I understand that the Patient Portal is intended as a secure online source of confidential medical information. If I share my Patient Portal ID and Password with another person, that person may be able to view my or above minor's health information, and health information about someone for whom I have Patient Portal proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner and to change my password if I believe it may have been compromised in any way.
- I understand that access to the Patient Portal is provided by Ascension as a convenience to its patients and that Ascension has the right to deactivate access to the Patient Portal at any time for any reason. I understand that use of the Patient Portal is voluntary, and I am not required to use the Patient Portal or to authorize a portal proxy.
- I understand when the minor patient becomes 13 years of age, my access could be terminated upon the request of the minor that reaches age 13-17.
- By signing below, I acknowledge that I have read and understand this Patient Portal Proxy form and the Ascension Terms and Conditions, and attest that I am the parent or legal guardian of the above named minor child.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

