

## CHILD UNDER 18 PROXY REQUEST FORM

This form to be completed by a parent or legal guardian ("Proxy") who wants access to portions of his/her under 18 year old child's electronic protected health information ("ePHI") maintained by Phoebe Putney Health Systems through Phoebe Patient. At age 18 the child can create their own account and request to be removed from the parent account.

Proxy makes sure all fields are completed and shows photo ID and legal documents (if Permanent Legal Guardian of the Patient) in Medical Records when submitting forms.

### Child's ("Patient") Information:

Patient's Name:		DOB:	
Address:			
Phone Number:		Last 4 SSN:	

### Parent/Legal Guardian ("Proxy") Information: If the Proxy sees providers at PPHS, the Proxy also needs to create an account in Phoebe Patient.

Email Address:			
Proxy's Name:	Proxy's DOB:	Phone #:	
Street Address:			
City:	State:	Zip:	

### My Relationship to the Child is as follows:

Parent

OR

**Permanent Legal Guardian of the Patient** – Must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the Proxy's status as permanent legal guardian of the patient.

### By signing below, I acknowledge and agree that:

- I will be using my own Phoebe Patient account at PPHS to access the Child's Phoebe Patient account.
- I will comply with the terms and conditions on the Phoebe Patient web page (located at <http://www.phoebepatient.com> select the Phoebe Patient Portal Agreement link on the page) and this document.
- I will keep my password confidential and not share this information with anyone.
- I must have parental rights or legal guardianship rights to access this Child's record.
- My parental rights have not been terminated and there are no court orders or restraining orders in effect limiting my access to this Child's medical records and/or information.
- Communications on behalf of the Child through Phoebe Patient must be sent from the Child's record and responses will be received in the Child's record. Phoebe Patient e-mail alerts will be sent to the e-mail address entered under Parent/Legal Guardian ("Proxy") Information.
- There are age range limitations for Phoebe Patient. These age range limitations do not affect any legal right I have to access the Child's record by other means. I can request a paper copy of the Child's record, by contacting the appropriate PPHS Medical Records Department. For a child age 0 to 18 years, I will be granted full access to the Child's Phoebe Patient record.
- On the child's 18th birthday, the link between the parent and child account will be severed and the child can create their own Phoebe Patient account. When the link with the child's account is removed, all information stored in the parent's account up to the termination date remains accessible to the parent (if the parent/child so chooses).
- I have reviewed the Phoebe Patient Authorization for Use or Disclosure of Electronic Protected Health Information.
- If there are any questions concerning this form, please contact 229-312-5465 for assistance.

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Proxy Signature (Required)**      **Relationship to Patient (Required)**      **Date (Required)**      **Time (Required)**

**"PLEASE RETURN COMPLETED FORMS TO HEALTH INFORMATION MANAGEMENT"**