

Acknowledgement of Proxy Access to Patient Portal of a Minor

Minor Patient’s Information

Printed Full Name (First, Middle Initial, Last)

Date of Birth

MRN (Internal use only)

Authorized Person/Proxy’s Information

Parent / Legal Guardian’s Printed Full Name (First, Middle Initial, Last)

Date of Birth

Printed Email Address (Non-work email address recommended)

Phone Number

Relationship to Minor Patient: Parent Legal Guardian *Other (specify): _____

*If you marked Other, please attach a copy of legal documentation verifying this relationship to the minor patient.

Acknowledgement of Proxy Access:

- Upon signing into the Patient Portal (the “Portal”) for the first time, I will have read and acknowledged the *Olathe Health Patient Portal Information, Patient Portal Terms of Use, and Portal Privacy Policy*.
- I am aware that when a Minor Patient (the “Patient”) turns 13 years old or if the Patient is between 13-17 years old, the Authorized Person/Proxy’s access to the Patient’s portal will be limited.
 - I understand that under this limitation, the Authorized Person/Proxy can view information such as allergies, immunizations, scheduling appointments, and message providers. The Authorized Person/Proxy cannot view information such as past appointments, all lab test results, all medications, all office visit notes, etc.; however they may still access such information, as appropriate and available, through requesting medical records from the Health Information Management (HIM) Department.
- I am aware that when a Patient turns 18 years old, the Authorized Person/Proxy’s access will be terminated. Proxy access may be reinstated by completing the **Authorization of Proxy Access to Patient Portal** form.
- I agree to waive and release Olathe Health (Olathe Medical Center, Miami County Medical Center, and Olathe Health Physicians) and all Olathe Health employees and staff, including the patient’s physician(s), Olathe Health’s affiliated entities, and Olathe Health and the affiliates’ officers, directors, employees, agents, and successors, from any and all claims or causes of action that are in any way related to use of the Portal by me.

Signature of Parent / Legal Guardian

Printed Name of Parent / Legal Guardian

Date

***OPTIONAL for Minor Patients 13-17 years old:** Patient may be granted access to their own Portal. Access must be authorized by a Parent / Legal guardian. Patients with access to their Portal are held to the terms and conditions stated in the *Olathe Health Patient Portal Information, Patient Portal Terms of Use, and Portal Privacy Policy*.

I, the Parent / Legal Guardian, give permission for my child, the Patient, to have Portal access with their email address (non-work email address recommended) : _____

Signature of Minor Patient

Printed Name of Minor Patient

Date

Signature of Parent / Legal Guardian

Printed Name of Parent / Legal Guardian

Date



ACKNOWLEDGEMENT OF PROXY ACCESS TO PATIENT PORTAL OF A MINOR

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PLACE
PATIENT LABEL
HERE