

### Granting proxy access to your medical information in the Patient Portal:

- A minor is a person who has not yet reached their eighteenth (18th) birthday.
- A proxy is a person who can access a minor's Patient Portal account information as if they were the patient.
- For access to a minor patient's Patient Portal, a parent or legal guardian may be granted full access by proxy until the minor reaches age twelve (12). On the patient's twelfth (12th) birthday, the parent or legal guardian's access will automatically be terminated.
- A minor, age 12–17, may authorize proxy access to a parent or legal guardian by signing the authorization below (Part B). This will allow the proxy individual to view all Patient Portal information, including test results, medications, health issues, and past appointments.
- After authorizing proxy access to a parent or legal guardian, the 12–17 year old minor may revoke proxy access by completing the Proxy Revocation form.
- Proxy access to a minor's Patient Portal account is valid until revoked by the patient, the patient's death, or any statutory or regulatory requirement automatically allows the authorization to expire.
- A parent or legal guardian may contact Health Information Management to obtain the patient's medical record through release of information by calling 785–623–5824.
- A minor may also limit full access to medical records by a parent or guardian if treated for certain conditions. Contact Health Information Management at 785–623–5824.

### In order for an adult proxy (age 18 or over, or legally emancipated minor) to view information in the minor's Patient Portal account, please complete the Patient and Proxy boxes below. In addition, complete the following on page 2:

- The parent or legal guardian must complete Part A for a minor patient age 0–12 years.
- The minor, age 12–17 years, must complete Part B to authorize proxy access for a parent or legal guardian.

#### MINOR PATIENT INFORMATION *(minor for which proxy access is requested)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F

Date of Birth: \_\_\_\_\_ Last 4 Digits of your Social Security #: \_\_\_\_\_

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

Previous Names (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

*For ages 12–17 only:* Child has diminished mental capacity diagnosed by their provider?  Yes  No

#### PROXY INFORMATION *(parent or legal guardian wishing to access patient information by proxy)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F

Date of Birth: \_\_\_\_\_ Last 4 Digits of your Social Security #: \_\_\_\_\_

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

Previous Names (if applicable): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Does the proxy already have a portal account?  Yes  No Relationship to Patient: \_\_\_\_\_

***Please continue completing the form on page 2.***

