



Proxy Request and Authorization Form
For Access to FollowMyHealth™ Minor Patient Portal

If you are the parent or legal guardian of a University Health System (UHS) patient who is under the age of 13, you can complete this form to request "proxy access" to your child's health information in the FollowMyHealth™ Patient Portal (Portal).

You must complete a separate form for each child for whom you are requesting proxy access. All Sections Required-PLEASE PRINT

Section I. Patient (Child's) Information:

Name: Last First MI DOB: MM/DD/YYYY

Home Address: Street Address City State Zip Code

Section II. Requestor (Parent/Legal Guardian) Information:

Requestor Name: Last First MI

Requestor's Home Address: Street Address City State Zip Code

Phone #: Cell Home Work

Requestor's Email Address:

Relationship to Patient: Parent Legal Guardian

By signing this Portal Proxy Request and Authorization Form, I acknowledge and agree that:

- I am the parent or legal guardian.
There are no court orders or restraining orders in effect limiting my access to my child's medical records and/or information.
I am giving my permission for University Health System to disclose my 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. This may include information relating to 1) Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV) infection, 2) treatment for drug or alcohol abuse or 3) mental or behavioral health or psychiatric care.
I will establish my own FollowMyHealth™ account in order to access my child's FollowMyHealth™ Personal Health Record (PHR) account.
I will be granted full access to my child's FollowMyHealth™ PHR for until his/her 13th birthday, or until my child has authority to consent independently to treatment in accordance to Texas Law, at which time I will no longer receive updates to my child's FollowMyHealth™ PHR.

X Parent or Legal Guardian Signature Relationship to Patient Date

If you have any questions or need help completing this form, please contact the office below:

Medical Records Department
701 S. Zazamora
San Antonio, TX 78207
Phone: (210)358-1777 FAX:(210)702-4088

Office Use Only:

Patient (Child's) MRN

Approved; Manual Invite Sent On: Security Code:

Rejected: Reason:

