



**PARENT/GUARDIAN – FOLLOW MY HEALTH PATIENT PORTAL PROXY ACCESS FORM**

**1. Patient Information:**

Patient Last Name: \_\_\_\_\_  
Last First Date of Birth

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

**2. Proxy/Guardian Information:**

Proxy/Guardian Name: \_\_\_\_\_  
Last First Relationship

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

Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

**CHECK BELOW for ACCESS THAT IS BEING REQUESTED:**

<b>ADULT PATIENT ACCESS</b>	<b>MINOR PATIENT ACCESS</b>
<p><b>REQUEST TO CREATE/ACCESS ANOTHER ADULT’S FOLLOW MY HEALTH PORTAL ACCOUNT:</b></p> <p>Adult individual requesting access to adult patient’s chart for whom that they appointed legal Guardian. _____            (Initials)</p> <ul style="list-style-type: none"> <li>❖ Legal Guardians must provide court paperwork verifying Proxy and current status of guardianship.</li> <li>❖ Legal Guardian is obligated to notify DMC Primary Care in the event the guardianship is terminated.</li> </ul>	<p><b>REQUEST TO CREATE/ACCESS A MINOR CHILD’S FOLLOW MY HEALTH PORTAL ACCOUNT:</b></p> <p>Adult individuals requesting access for a minor child aged 12 or under for whom they are parent or guardian. _____            (Initials)</p> <ul style="list-style-type: none"> <li>❖ Legal Guardians must provide court paperwork verifying Proxy and current status of guardianship.</li> <li>❖ Legal Guardian is obligated to notify DMC in the event the guardianship is terminated.</li> </ul> <p><b>MY RELATIONSHIP TO THE PATIENT:</b>            (Please note: Foster parents cannot be granted portal access.)</p> <p><b>PARENT:</b> _____ <b>GUARDIAN:</b> _____  <span style="margin-left: 100px;">(Initials)</span> <span style="margin-left: 100px;">(Initials)</span></p> <p><b>THE PATIENT IS A:</b>  <b>Minor Under Age 12:</b> _____  <span style="margin-left: 150px;">(Initials)</span></p> <p>Parent/Guardian will be granted full access to minor child’s portal account until minor turn 12 years old, at which time access will be limited.</p> <p><b>Minor Aged 12-18:</b> _____  <span style="margin-left: 150px;">(Initials)</span></p> <p>Parent/Guardian will have limited access until the minor turns 18 years old at which time access will be terminated.</p>



**By requesting access to Follow My Health for a minor patient, I understand and agree to the following:**

- Individuals requesting parental access must be a parent or court appointed legal guardian of a minor child who is under 12 years of age.
- Legal Guardians must provide court documentation as a verification of their current guardianship status.
- Legal Guardians are obligated to notify DMC Primary Care in the event the Guardianship is terminated.
- Foster parents cannot consent for medical care and will not be given access to a minor patient’s portal.
- Parent or guardian requesting access must not have any open court orders or restraining orders in effect limiting access to this patients’ chart or medical records.
- Communication with Follow My Health on behalf of the minor patient must be sent from the patient’s account and responses will be received in the patients account.
- Parent or Guardian must abide by the Follow My Health Terms and Conditions of Use.
- Parent or Guardian will be granted full access to minor child’s portal until the minor turn 12 years old at which time access will be terminated, unless new forms are completed granting parent or guardian limited access to the minor’s chart.
- Parent or Guardian may have limited access after the minor child turns 12 years of age, until until they turn 18 years of age, at which time access for the parent or guardian will be terminated.

Portal access will be revoked in the following situations:

- Parent/ Court appointed legal guardian submits in writing a request to revoke proxy access.
- Child turns 12 years old (full access revoked).
- Child turns 18 years old (all access revoked).
- Child notifies DMC Primary Care of Emancipation and provides facility with the Emancipation paperwork
- DMC is notified of new court orders or restraining orders limiting access to the patients’ chart or medical records.
- DMC is notified of a change in status/termination of legal guardianship.
- Access disputes that cannot be resolved.

**By requesting access to Follow My Health for an adult patient, I understand and agree to the following:**

- Legal Guardians must provide court paperwork verifying Proxy and current status of guardianship.
- Legal Guardian is obligated to notify DMC Primary Care in case the guardianship is terminated.
- Communication with Follow My Health on behalf of the patient must be sent from the patients account and all responses will be received in the patients account.
- Legal Guardian must abide by the Follow My Health Terms and Conditions of Use.

Parent or Legal Guardian: \_\_\_\_\_  
**Signature (Required)**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_\_  
**Printed Full Name**

\_\_\_\_\_  
**Date (Required)**