



Proxy Access to Minor Health Portal - Minor (0- 11 years of age)

To sign up for access to your minor child's Health Portal, please complete this form and return to a member of our registration staff or mail to: Bone County Hospital, Health Information Management, 101 5 Union St., Boone, A 50036.

ALL SECTION REQUIRED - PLEASE PRINT CLEARLY:

Requestor's/Proxy's Contact Information:

Parent/Legal Guardian's Name:

(Last Name) (First Name) (Middle Initial)

SSN: Date of Birth: Sex:

Street Address:

City: State: Zip:

Email: @ Phone: Home Cell

Relationship to Minor Patient: Mother Father Other*

*You may be asked to provide legal documentation showing you have a right to the minor's health information.

I understand once the child reaches age 12, I will no longer have access to their health portal information. Children ages 12 - 17 must complete the Minor Health Portal Proxy form (12-17 years) Please see Frequently Asked Questions

Is there a court or restraining order that limits your access to this patient information? Yes No

Minor Patient's Name:

(Last Name) (First Name) (Middle Initial)

SSN: Date of Birth: Sex:

Street Address:

City: State: Zip:

Does the Proxy Currently have a BCH Health Portal: (A "Yes" indicates the Proxy requester already has a Health Portal Access.)

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE:

- I have parental rights or legal guardianship rights to access this minor's record.
I have not been denied periods of physical placement with the minor and there are no court orders or restraining orders in effect limiting my access to this minor's medical records and/or information.
Communications on behalf of the minor through the Health Portal must be sent from the minor's record and responses will be received in the minor's record. Health Portal email alerts will be sent to the email address entered under the Proxy information above.
All documents, if any, I have provided in support of my request to access the minor's protected health information, are true and correct copies and are the most recent documents related to this matter.
If my legal authority to act on behalf of the minor is inactivated, revoked, terminated or expired, I must immediately notify Boone County Hospital in writing of the change in authority & the date it became effective, and mail it to Boone County Hospital, ATTN: Health Information Management, 1015 Union Street, Boone, Iowa 50036.

In addition, I agree to comply with the Proxy Health Portal Terms and Conditions:

- I understand that this is intended as a secure online source of confidential medical information. If I share my user id and password with another person, that person may be able to view this information.
I understand that once information has been disclosed, it potentially may be re-disclosed and may not be covered by federal privacy protections. I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if my password is compromised.
I understand Health Portal contains select, limited medical information from a patient's medical record and does not reflect complete records. I understand that I may make a request for a copy of the record. I understand that access to Health Portal may be tracked by computer audit and entries I make may become part of the patient's medical record.
I understand that access is provided as a convenience and Boone County Hospital may deactivate access at any time for any reason. I understand that use of Health Portal is voluntary and I am not required to use.
Additional instructions and terms and conditions are available on the Health Portal.

Signature of Parent/Guardian: Date:

Staff Use Only: Boone Ogden Madrid CSC Home Health Hospital Initials