Application For Proxy Access To Online Services

McKenzie Pediatrics, P.C.

| Patient Name: | Date of Birth: |
|---|---|
| What Is Proxy Access? | |
| | to securely access their loved one's personal and family health cate with the loved one's health care providers. |
| This communication is done using an eClinical vestricted to non-urgent matters. | Vorks (ECW) Patient Portal account (also known as Healow) and is |
| Proxy access is granted once this authorization years. | form has been read and signed by the minor patient age 13 to 17 |
| legal guardianship over minors shall be provide | son under the age of 18. Only individuals with parental rights or ed proxy access to the minor's ECW Patient Portal account. If you are vide documentation that you are the legal guardian for this minor |
| FOR THE PATIENT AGE 13 to 17 YEARS | S: PLEASE READ THE FOLLOWING TERMS AND CONDITIONS, |
| AND SIGN IF YO | OU AGREE TO GRANT PROXY ACCESS |
| information through the McKenzie Pediatrics access will automatically expire on my 18 th bir | e, I am GRANTING my parent/legal guardian access to my medical ECW Patient Portal (Healow). Unless revoked by me in writing, proxy thday. I understand that I may submit a written request to remove ang my online medical records at any time. |
| Patient Signature: _ | · |
| Today's Date: | · |
| Patient's Fmail Add | ress' |

FOR THE PARENT/LEGAL GUARDIAN: PLEASE READ THE FOLLOWING TERMS AND CONDITIONS FOR RECEIVING PROXY ACCESS

I certify that I am the parent or legal guardian of this minor patient of McKenzie Pediatrics. Should my legal authority to make health care decisions for my child change in the future, I will contact McKenzie Pediatrics

immediately. I am aware that my proxy access, once granted, to my child's personal health information will be automatically revoked on the 18th birthday.

I also agree to log in to McKenzie Pediatrics ECW Patient Portal with my own username and password. It is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any manner. If I share my username and password with another person, that person may be able to view my or my child's health information. If I do not have an ECW account, I will be provided with information by McKenzie Pediatrics to create my own account. I have read and understand the requirements and procedures for accessing protected health information through the McKenzie Pediatrics ECW Patient Portal, and I agree to comply with these Terms and Conditions of Use.

| Parent/Legal Guardian Printed Name: | |
|---|--|
| Parent/Legal Guardian Signature: | |
| Relationship to Minor Patient Of McKenzie Pediatrics: | |
| Parent/Legal Guardian's Email Address: | |
| Today's Date: | |

Thank you for signing. If your minor child age 13 to 17 years has GRANTED proxy access to you by completing the section on this authorization form, you will receive an email with your own username and password for proxy access to the ECW Patient Portal.

Please note, by Oregon law the parent/legal guardian of a child age 12 years and younger has FULL ACCESS to the child's medical information (which includes medications, appointments, after-visit summaries etc) through the McKenzie Pediatrics Patient Portal. This access automatically EXPIRES at the child's 13th birthday, at which time Proxy Access will need to be granted by the minor patient.

And for the parent/legal guardian granted proxy access, information in the medical record may be limited. For more information we urge you to go to the Oregon Health Authority website and search for **Minor Rights: Access and Consent To Health Care: A Resource For Providers, Parents, and Educators.**

We appreciate your attention to the completion of this important form.

Please do not hesitate to ask us any questions.