



PATIENT PORTAL PROXY ACCESS: CHILD/TEEN

To sign-up for access to your child/teen’s health information through the Patient Portal, please complete **page one** of this form. This will allow you to have proxy access to your child/teen’s health information available in Heartfelt Pediatrics’ Patient Portal. If your teen is 12 and above and would like to grant you access to their Patient Portal, they must complete **page 2** after you’ve completed the 1st page.

Once this form is completed, please return it to Heartfelt Pediatrics (information on page 2). An activation code and link to complete the registration process online will be sent to you.

1. Parent/Legal Guardian (“Proxy”) Information:

Name (last, first, middle initial): _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

2. Proxy Access Request: Adult → Child/Teen: My Relationship to the child/teen is as follows:

___ Parent

___ Permanent Legal Guardian of the Patient (Must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the proxy’s status as permanent legal guardian of the patient)

3. Age Range Limitations:

- Ages 0 – 11 → you will be granted *full access* to their medical records available in Heartfelt Pediatrics’ Patient Portal
- Ages 12-14 → you will be granted *limited access* to their medical records **unless** this “Patient Portal Proxy Access: Child/Teen” form is signed by *both* requesting proxy and child/teen patient
- Ages 15 and over → you will **not** be granted access to their records **unless** a “Patient Portal Proxy Access Form” is signed by *both* requesting proxy and teen patient

These limitations do not affect any legal right to request paper or digital copies of your child/teen’s records as allowed by Oregon State Minor Consent and Privacy Laws by other means (see page 3 for more details). To do so, please contact Heartfelt Pediatrics directly.

4. Proxy Acknowledgements: By signing below, I acknowledge and agree that as a proxy:

- I will be creating my own Heartfelt Pediatrics Patient Portal account to access this child/teen's records
- I will keep my password confidential and not share this information with anyone
- I must have parental rights and legal guardianship rights to access this child/teen's record
- I have not been denied periods of physical placement with the child/teen and there are no court orders or restraining orders in effect limiting my access to this child/teen's medical records and/or information

Name of Patient: _____

Patient’s DOB: _____

Proxy Signature (Required)

Relationship to Patient (Required)

Date (Required)

STOP HERE.

If your child is under 12, you are done!

If your child/teen is 12 and over, the next page must be completed by them only.

5. Child/Teen Acknowledgement:

- I understand that Heartfelt Pediatrics’ Patient Portal record disclosures covered under this consent form includes records as listed below, including information that as a minor, would otherwise be protected from (not disclosed to) my Parent/Legal Guardian without my consent according to Oregon State Minor Consent and Confidentiality Laws.
 - I understand that if I am *12 through 14 years old*, my proxy will have limited/billing access only to my Patient Portal. If I want them to have access to all my records, I must sign below.
 - I understand if I am *15 or above* and want my proxy to have access to all my records, I must sign below.

- **(REQUIRED)** My initials below specifically authorize the release of healthcare information relating to the testing, diagnosis, or treatment for the following:

****If I do not want the proxy to have access to the items below, do not sign this consent****

HIV/AIDS Mental Health/Psychiatric Disorders
 Sexually Transmitted Diseases (STIs) Drug, Alcohol Abuse/Treatment

- I understand that I am not required to designate a Patient Portal account proxy, and I am not required to provide this authorization. I also understand that Heartfelt Pediatrics does not base any of my healthcare treatment, payment or other services on whether I provide this authorization. I also understand that if I do not provide authorization, Heartfelt Pediatrics is not permitted to provide access to my athenahealth record to the requestor of this proxy.
- I authorize release of this information only through my Patient Portal records. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms. I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy, and the disclosed information may not be covered by federal privacy protections.
- I understand **this form may be cancelled/revoked at any time**, providing the information has not already been disclosed, by submitting a request in writing to terminate the proxy’s access. I also understand that revoking this authorization will not affect any disclosures that were made prior to processing the revocation request.

I acknowledge that I have read and understand this sign-up form. I agree to its terms and choose to allow/assign the person named above on page one as my proxy, thereby allowing them to access my Heartfelt Pediatrics’ Patient Portal medical records.

_____ _____
 Teen Patient’s Signature Relationship to Proxy Date

Send completed form by mail, email, fax or through the Patient Portal:

Heartfelt Pediatrics LLC
Address: 1001 SW Disk Dr., Ste 250, Bend, OR 97702
Email: info@heartfeltpediatrics.com
Fax: (833) 973-5445

Heartfelt Pediatrics' Patient Portal Proxy Access Policy

Logging onto Heartfelt Pediatrics' Patient Portal for someone else means you are acting as that person's proxy. You may not access the Patient Portal on behalf of someone else without the patient's permission or unless you are that person's legal healthcare representative (e.g., a person with legal authority to make healthcare decisions on behalf of the individual).

Individuals age 18 or older may request proxy access to another individual's Patient Portal account by completing the Proxy Access portion of the "Child/Teen Acknowledgement" section (*page 2*) of this document, and submitting it to Heartfelt Pediatrics as listed above.

Minors

Only individuals with parental rights or legal guardianship over minors (someone under 15 years of age) shall be provided proxy access to that minor's Patient Portal account. You will need to submit proof of parental status or legal guardianship to be given access to the minor's Patient Portal account. Note: Under state and federal law, minors are allowed to consent to certain care under the age of 15. Because of these laws, Heartfelt Pediatrics limits the Patient Portal information to parents of minor patients who are age 12 to 14. At age 15, the standard proxy access procedure (see paragraph above) must be used by parents or legal guardians or other adults requesting access to the account of a teen. To activate the access, a signed "Patient Portal Proxy Access: Child/Teen" consent form must be obtained from the individual at age 15 years and older.

Then, a Patient Portal account will be activated for both the proxy and the child/teen. If the proxy's legal relationship with the account holder changes, the proxy must inform Heartfelt Pediatrics immediately in writing through the Patient Portal, email, or mail, as listed on page 2.

More Details on Oregon Minor and Consent Laws

A minor who is 15 or older may consent to hospital care, medical, dental, or surgical diagnosis or treatment, subject to limited exceptions, without consent from a parent or guardian (Or. Rev. Stat. § 109.640(4)).

Minors of any age may give consent, without the consent of the minor's parent or guardian, to:

- Family planning services and information, including birth control and other contraception
- STIs/STDs
- Other reproductive services and information (with exceptions for abortion services (which require parental consent absent special circumstances if the minor is less than 15 years of age) and sterilization (persons younger than 15 years of age may not consent to elective sterilization services, and a parent or guardian may not provide substitute consent to sterilization services on their behalf). (Or. Rev. Stat. §§ 109.640(1) and (3), 435.190(4), 436.225(2).)
- Blood donation if 16 or older (Or. Rev. Stat. § 109.670)
- Outpatient diagnosis and certain treatment for mental or emotional disorders or chemical dependency, for minors 14 or older (clinician must involve parents prior to end of treatment) (Or. Rev. Stat. § 109.675)

The state requires parental consent or notice for:

- Abortion, for minors under the age of 15, unless the minor's medical provider reasonably believes that involving the minor's parent or guardian would result in physical or emotional abuse or neglect of the minor, or (with a concurring provider's opinion) is not otherwise in the minor's best interest (Or. Rev. Stat. §§ 109.640(2)(b))
- Medical use of cannabis (Or. Rev. Stat. § 475C.783(3)(a))

For more information, please view OHA's minor consent information [here](#).