



**Memorial Health Care Systems**

Family Medical Centers  
250 N Columbia Avenue  
Seward, NE 68434

**Parent/Legal Guardian Request for Proxy Access of a Minor**

MHCS Family Medical Centers provide internet-based access to portions of a patient’s medical records through our patient portal, FollowMyHealth, which allows the patient or representative to view and manage information about their care.

Minors have the right under Nebraska state law to consent to some health care services without involvement of a parent or guardian. Thus, MHCS Family Medical Centers must ensure that information related to those services is not accessible to others, including a parent or legal guardian, via the patient portal. MHCS Family Medical Centers will only permit limited proxy access to the patient portal of minors age 13 years or older, with proxy access authorization from the patient. For parents/guardians of a minor age 12 or younger, any proxy access will automatically be discontinued when the minor reaches their thirteenth birthday.

**Requesting Proxy Access of a Minor Patient’s Portal**

I am requesting proxy access to the portal account for the minor patient named below. I am the patient’s parent or legal guardian.

By requesting access to a minor patient’s portal account, you must be the patient’s parent or legal guardian, having authority to make healthcare decisions on their behalf. Full proxy access is granted for patients from 0 to 12 years old, automatically restricted\* between 13 and 18 years old, and in accordance with Nebraska law is terminated at 19 years old.

<b>Patient Name:</b> _____	<b>Date of Birth:</b> _____
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____

<b>Proxy Name:</b> _____	<b>Relationship to Patient:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <i>(attach documentation)</i>
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____

I certify and acknowledge that:

1. I am the parent or legal guardian of the minor patient listed above and have authority to make healthcare decisions on the patient’s behalf.
2. If my relationship with the patient changes such that I no longer have legal authority to make healthcare decisions on behalf of the patient, I will notify MHCS Family Medical Centers immediately and cease proxy access to the patient’s health information.
3. I understand that upon the patient’s 13<sup>th</sup> birthday my proxy access will be automatically restricted, and access will require patient authorization\*; and that upon the minor patient’s 19<sup>th</sup> birthday, access will automatically terminate.

\_\_\_\_\_  
*Parent or Legal Guardian Printed Name*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Date/Time*

\*For Proxy Access of a Minor’s Patient Portal for Patients **Between 13 and 18 years old**, Authorization from the Minor Patient is required:

\_\_\_\_\_  
*Minor Patient’s Printed Name*

\_\_\_\_\_  
*Minor Patient’s Signature*

\_\_\_\_\_  
*Date/Time*

**Questions or concerns should be directed to 402-643-4800 x1133**

**PLEASE SUBMIT COMPLETED FORM BY FAX: 402-646-4635**

**OR BY MAIL: Seward Family Medical Center-Attn. Medical Records | 250 N COLUMBIA AVE | SEWARD, NE 68434**