



**Parental/Guardian Proxy Access
Requirements and Procedures for accessing the Follow My
Health Portal of Children < 18 years of age**

Requirements for accessing a child's record:

- The individual(s) requesting access must have parental or legal guardianship rights (legal documentation may be required).
- The Parental/Guardian FMH Proxy Application, included below, must be completed, signed and submitted for approval. Two parents or guardians may apply for access on one application, but a separate application is required for each child. A signature from each parent/guardian listed on the application is required unless both parents/guardians live at the same address.
- Each parent/guardian requesting access must establish their own Follow My Health account in order to access the child's record.
- Acknowledge when a minor child turns 12 years old, access to the child's record will be limited to data entered prior to their 12th birthday. Due to state regulations, we are currently unable to make medical records accessible via Follow My Health for patients 12 to 17 years old. If you or your child falls into this age group, please contact our Medical Records Department at 712-246-7402 for assistance with alternate methods for obtaining medical records.
- Acknowledge Follow My Health communication methods are not to be used in an urgent or emergent situation, please call your doctors office or 911 for assistance.

Procedures for parents/guardians accessing a child's record:

- Typically within 3-5 business days after the completed authorization form is received and approved, a Proxy invite will be emailed to the parent/guardian. Invitations will allow the parent/guardian to login to their existing account and select the child or require the parent/guardian to create an account in their (the parent/guardian) name.
- Once a parent/guardian has established their own Follow My Health account they can access the child's record by:
 - Logging in to Follow My Health with their own Follow My Health ID and password.
 - Selecting their child's name from the Hello dropdown to access the child's medical information.

Parent/Guardian access to a child's record shall be revoked when:

- Parent/Guardian submits a request to revoke the access online.
- Child turns 18 years old.
- Child advises Shenandoah Medical Center of his/her emancipated status.
- Parent/parent or parent/child access disputes cannot be resolved.

Communication on behalf of the child must be sent under the child's name. Responses will be received in the child's name/chart.

The Shenandoah Medical Center reserves the right to revoke access to Follow My Health at any time for any reason.



Parental/Guardian FMH Proxy Application
Parent/Legal Guardian Access to the Follow My Health of a Minor

Please print Patient's/Child's information. (A separate form is required for each child.)

Patient's/Child's Full Legal Name Date of Birth Male Female Gender

Complete Mailing Address City State Zip Code

Please print Parent/Legal Guardian Information1:

Parent's/Legal Guardian's Full Legal Name Date of Birth Telephone Number

Complete Mailing Address City State Zip Code

E-Mail Address

Relationship to Patient: Father Mother Legal Guardian* Other, please specify* (*Legal documentation is required)

If applicable, please print second Parent/Legal Guardian Information2:

Parent's/Legal Guardian's Full Legal Name Date of Birth Telephone Number

Complete Mailing Address City State Zip Code

E-Mail Address

Relationship to Patient: Father Mother Legal Guardian* Other, please specify* (*Legal documentation is required)

I have read and understand the requirements and procedures for accessing the patient's/child's medical record information online. I certify that I am the parent or legal guardian of the child listed above and that all information provided is correct. If I am not the parent but legal guardian, I have provided the required documentation. I hereby request access to the patient's/child's electronic medical record. I understand that this electronic access will end upon the patient's/child's 18th birthday. I verify the above e-mail address is correct and approve receiving this confidential information (access code) via this e-mail address.

Parent/Legal Guardian Signature1 Date

Parent/Legal Guardian Signature2 Date

Return the Completed Form to: Shenandoah Medical Center with proof of identity and legal documents as noted above. Questions may be directed to: 712-246-7402