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STAMFORD HEALTH
Healing. Reimagined.

PATIENT PORTAL ACCESS - MINOR PROXY AUTHORIZATION

This form only authorizes the release of information through the Stamford Health Medical Group Patient Portal and Stamford Hospital Patient Portal (The Portals). It does not include the release of records by any other means.

*****PLEASE PRINT CLEARLY. ALL FIELDS ARE REQUIRED*****

MINOR/CHILD PATIENT INFORMATION	
Name	Date of Birth
Address	City, State, Zip
E-mail Address	Phone
PROXY PARENT/LEGAL GUARDIAN INFORMATION	
Proxy Name	Date of Birth
Address ☐ Same as above	City, State, Zip
E-mail Address	Phone
Relationship to Patient ☐ Parent ☐ Legal Guardian ☐ DCF Representative ☐ Foster Parent ☐ Other:_____ **Legal documentation of guardianship is required, if applicable (e.g., court order, adoption decree, etc.)	

PORTAL TERMS AND CONDITIONS

- Full access to a minor/child's portal account automatically expires at the age of 18. To comply with state law, privacy of certain protected health information may affect the portals of patients who are teens (age 13 – 17).
- A minor who is a teen (age 13 – 17) may activate their own Portal account.
- The Portals contain selected, limited medical information from a patient's medical record and does not reflect the complete contents of the medical record.

By signing below, I agree to the following:

- I am entitled to access the patient's protected health information as their parent or legally appointed guardian.
- My rights to access the patient's protected health information have not been modified in any manner by any court of law.
- The documents I have provided in support of my right to access the patient's protected health information, if any, are true and correct copies and are the most recent documents related to this matter.

_____ _____ am / pm _____

Parent/Legal Guardian Signature | **Time** | **Date**

OFFICE USE ONLY

Portal
☐ eCW
☐ Meditech

_____ **Patient's Medical Record or Account Number**

_____ **Employee's Printed name**

_____ **Date Received**