



# Minor Child Proxy Form

Thank you for your interest in the FollowMyHealth® at Hendrick patient portal to provide you a convenient and secure way to access to your personal health records from any computer, smartphone or tablet with internet access.

### Instructions for Proxy Access

To request proxy access to view your child’s health information using FollowMyHealth®, please complete this form and return to:

Hendrick Health Information Services, 4310 Buffalo Gap Rd., Ste. 2000, Abilene, TX 79606  
Phone: (325) 670-2407 Fax: (325) 670-6538  
Monday – Friday 8:00 AM – 4:30 PM and Closed Holidays

After the form is received and verified, you will receive an e-mail with further instructions. In order to set up a proxy account, you must first have your own FollowMyHealth® account that can be set up by logging into: [www.hendrickhealth.org/FollowMyHealth](http://www.hendrickhealth.org/FollowMyHealth)

### Parent/Guardian Information: (All information is REQUIRED for connection)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name (Last, First, Middle Initial) Date of Birth

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Last 4 of SS# Phone Number Email Address

Please note the age range limitations for FollowMyHealth®. These age range limitations do not affect any legal right you have to access your child’s record by other means. For a paper copy of your child’s record, please contact Hendrick Health System’s Health Information Services.

- If your child is 0-13 years of age, you will be granted full access to your child’s FollowMyHealth® record.
- Once your child reaches 14 years of age, you will no longer have access to your child’s FollowMyHealth® record.
- If your child has the right under Texas law to consent independently to treatment before reaching 18 years of age, you may not be granted access to your child’s FollowMyHealth® record.

### Child’s Information: (All sections required)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name (Last, First, Middle Initial) Date of Birth

\_\_\_\_\_  
Last 4 of SS# Relationship to Child Signature of Parent/Guardian

I acknowledge that I have read and understand this FollowMyHealth® Sign-up Form.

**Please include a copy of your identification (i.e. driver’s license, passport) as this will need to accompany your request for access to FollowMyHealth®.** If additional information is needed for verification a representative from Hendrick Information Services will contact you. Please allow up to 5 business days to complete your request.

### Official Hendrick Health Systems Use:

Identification Verified by \_\_\_\_\_ MRN \_\_\_\_\_ Date Sent \_\_\_\_\_