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Today's Date: \_\_\_\_\_

**REQUEST FOR PROXY INVITATION TO FOLLOW MY HEALTH PATIENT PORTAL**

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers (\_\_\_\_)\_\_\_\_-\_\_\_\_ (Primary)                      (\_\_\_\_)\_\_\_\_-\_\_\_\_ (Secondary)

Email Address: \_\_\_\_\_

**Please list all children that you are requesting proxy access for:**

<b><u>Patient's Name</u></b>	<b><u>Patient's DOB</u></b>

By signing this Portal Proxy request I acknowledge and agree that:

- I am the parent or legal guardian of the above identified patient(s).
- There are no court orders or restraining orders in effect limiting my access to this child's medical records and/or information.
- I am giving my permission for Health Park Pediatrics to disclose the child's protected health information (PHI) through the Follow My Health Patient Portal, which may include, but is not limited to: health summary, current problem list, current medications, lab results, appointment information.
- I will be granted full access to the child's Follow My Health Personal Health Record (PHR) for the child until his/her 18<sup>th</sup> birthday at which time I will no longer receive updates to the child's Follow My Health Personal Record.

Signature of Parent/Guardian: \_\_\_\_\_