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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:

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

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 18th birthday at which time I will no longer receive updates to the child's Follow My Health Personal Record.

Signature of Parent/Guardian: _____