Minor Child Proxy Access

Portal access to a minor child's health data must be submitted to Lompoc Health using this form to Lompoc Health. This form shall be completed and submitted by a legal parent or permanent legal guardian only. The person submitting this form as proxy shall show a legal photo ID and supporting legal documentation to prove guardianship, if the proxy is not the birth parent. Parents/permanent legal guardians with more than one child requires a separate form for each child. Parent of permanent legal guardian will need to have a personal patient portal account in order to have access to a child account.

Laws for privacy of a minor over the age of 12 by the State of California for certain categories of information restrict parents and legal guardians from having access to the minor's records without the consent of the minor patient and the provider. To protect the privacy of these records we do not offer proxy access for patients between the ages of 12 and 17.

Please fill out the information below. Please be sure to print legibly.

Child's Information:
Patient (Child's) Name:_____Date of Birth:_____
Street Address:_____ Phone Number:_____
City:_____State:_____Zip Code:_____

Parent/Permanent Legal Guardian Information:
Proxy Name:_____Date of Birth:_____
Street Address:_____Phone Number:_____
City:_____State:_____Zip Code:_____
Email address (required):_____
Relationship to minor:_____

I verify that I have the following relationship with the child listed above:

☐ **I am the birth parent** (child's birth certificate may be required if child not born at Lompoc Valley Medical Center)

☐ **I am the adoptive parent** (please submit a copy of the adoption papers)

☐ **I am the permanent legal guardian** (Please provide a copy of the Court Order appointing you as the guardian and the Letters of Guardianship identifying the proxy as being the permanent legal guardian of the patient.)

Please note: HIPAA law requires verification before access is granted. The request for proxy access cannot be processed without a copy of supporting legal documents.

With my signature on the line below, I understand and agree to the terms listed.

1. I understand I will be using my own patient portal account to access my child's account.
2. When the patient portal account is activated, I will comply with all terms and conditions set forth by the patient portal account administrator.
3. I will not share my password or access to this account with anyone else.
4. I will have current parental rights or permanent legal guardianship rights to have access to the child's record named on this form. If I lose parental rights through a court order or other means, even if I am the birth parent, my access to this child's record, will be terminated.
5. Currently there are no court orders in place that limit my parental rights. I will notify Lompoc Health Clinics or Lompoc Valley Medical Center if my parental rights or legal permanent guardianship rights are revoked or changed. This may affect my access to the child's portal account.
6. I understand that State of California laws limit parental access to certain records for minors 12-17 years of age. Due to these laws, proxy access will be turned off when the child listed turns 12. As long as the record is not restricted by law, I can request paper records for a child 12-17 by filling out a release of information request and submitting it to Health Ifnromation Management at the clinic.
7. I may revoke this authorization at any time by suibmitting the revocation request in writing.
8. HIPAA laws allow me the right to receive a copy of this authorization.

Proxy Requestor Signature:_____

Print Name:_____

Date:_____Time:_____

Please allow 7 days for this request to be processed. If any information is not legible or missing, this form will be returned.

Return the completed form to:
Lompoc Valley Medical Center
Attn: Health Information Management Proxy access
1515 East Ocean Avenue
Lompoc, CA 93436

For Clinic Use only (print information below). If this section is not complete access will not be activated)

1. Proxy ID Verified by:_____(print name)
2. ID#:_____ID Type:_____
3. A copy of the required legal documents are attached to this request.
   ☐ Yes, documents are attached   ☐ No. Documents are not required.
4. Proxy access was activated on:_____By:_____