



**Firelands Health Adult-Child Patient Portal Proxy Sign Up**  
 (Requesting proxy to your child's Patient Portal account)

**Parent's Information** - All fields required for proxy access – please print clearly

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
           Last                                      First                                      Middle Initial

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

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

**Child's Information:** (All fields required for child(ren) proxy access – please print clearly)

Complete this section with information about your minor child(ren) whose Patient Portal Access record you are requesting to access. If you have more than three children for whom you would like proxy access, please request another form. **Please note that due to patient privacy laws in Ohio, a parent's proxy access to their child's patient portal account will be turned off when the patient reaches the age of 13. Please contact the Release of Information Department to receive medical records for your child over the age of 13.**

**A. Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_  
                                   Last                                      First                                      Middle Initial

**B. Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_  
                                   Last                                      First                                      Middle Initial

**C. Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_  
                                   Last                                      First                                      Middle Initial

**Patient Portal terms and agreement:**

- I understand that Firelands Health Patient Portal is intended as a secure online source of confidential medical information. If I share my Patient Portal ID and password with another person, that person may be able to view my or my child's health information, and health information about someone who has authorized me as a Patient Portal Proxy user.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe confidentiality may have been compromised in any way.
- I understand that it is my responsibility to ensure that my e-mail address is current at all times, and that if my e-mail address is not current I will not receive important messages from Firelands Health Patient Portal.
- I understand that the Patient Portal contains selected, limited medical information from a patient's medical record and that the Patient Portal does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested at the patient's clinic.
- I understand that my activities within the Patient Portal may be tracked electronically and that entries I make may become part of the medical record.
- I understand that access to the Patient Portal is provided by Firelands Health as a convenience to their patients and that Firelands Health has the right to end access to the Patient Portal at any time for any reason.
- I understand that my use of the Patient Portal is voluntary and I am not required to use the Patient Portal or to authorize a Patient Portal Proxy.

**For Patient Portal sign-up and all types of proxy access:**

By signing below, I acknowledge that I have read and understand this Patient Portal Sign-Up form and agree to its terms.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Your Signature                                      Relationship to Patient                                      Date*

<b>Firelands Health Staff Use Only</b>	
Was ID Validated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of FHS Staff _____