

## **Boone Health Connection Proxy Application for Adolescent Patients Ages 12-17 Years**

Completing this form allows someone else (a "Proxy") to be able to access portions of a patient's health record via Boone Health Connections. This application form can be used to request proxy access to another person's (e.g., a child's) Boone Health Connection account. To request proxy access, please complete this form and return it to a staff member or to the address below. [I understand that:](#)

- *I must log in to my Boone Health Connection account with my own username and password to access the patient's information*
- *Boone Health may revoke access to this electronic access at any time deemed appropriate*
- *The adolescent patient MUST have their own Boone Health Connection account before proxy access will be granted*

### PROXY APPLICANT'S INFORMATION

Name of applicant (First Middle Last) \_\_\_\_\_

Applicant's address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Applicant's phone number \_\_\_\_\_ Applicant's date of birth \_\_\_\_\_

Applicant's email (used to send notification of proxy account) \_\_\_\_\_

Applicant's Social Security number (required for account creation) \_\_\_\_\_

### PATIENT'S INFORMATION

Name of patient (First Middle Last) \_\_\_\_\_

Patient's address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Patient's date of birth \_\_\_\_\_ Patient's phone number \_\_\_\_\_

### PARENTS OR GUARDIAN OF PATIENT AGES 12-17 YEARS

If you are a parent/guardian of a minor child who is between 12 – 17 years of age and wish to have online access to portions of his/her record, the minor child must be present when requesting access and must sign the request form. Under state law, we are required to keep confidential certain types of health information and services provided to minors and can only disclose this information with the minor patient's permission.

Parent/guardian access via Boone Health Connection will be revoked when:

- Parent/guardian submits a request to revoke online access
- Patient turns 18, at which time the patient is no longer a minor
- Patient revokes your proxy access via their Boone Health Connection account
- Access or other disputes between the patient and his/her parents/guardians cannot be resolved

*I attest that I am a parent or guardian with the right to access my child's protected health information. If I am no longer a parent or guardian with legal authority to access my child's account, I will immediately stop using my proxy access through Boone Health Connection, and I will alert the Boone Health Connection support team to turn off my access.*

Signature of proxy applicant \_\_\_\_\_ Date \_\_\_\_\_

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## **PATIENT MUST SIGN AND INITIAL BELOW**

*I agree to allow my parent/guardian to look at all of my health information. I understand that if my record has information about certain services like testing for pregnancy, HIV or AIDS or sexually transmitted infections, counseling about birth control or prescriptions for birth control and/or alcohol or drug use/abuse my parent/guardian will be able to see this information. \_\_\_\_\_ Patient initials*

*I understand I can stop my parent/guardian from looking at this at any time by revoking their proxy access via my own Boone Health Connection account. \_\_\_\_\_ Patient initials*

Signature of patient allowing access \_\_\_\_\_

Printed name of patient Date: \_\_\_\_\_

## **PATIENT'S HEALTH CARE PROVIDER MUST ATTEST AND SIGN BELOW**

By signing this form below, I attest that I am the established primary care provider of, or a health care provider in an ongoing/continuous treatment relationship with, the patient identified above. I have counseled the patient identified above regarding this form and the meaning of this Proxy request.

Approving provider's signature (required) \_\_\_\_\_

Approving provider's name \_\_\_\_\_ Office phone: \_\_\_\_\_

## **NON-PARENT APPLICANTS What is your relationship to the patient?**

Power of Attorney       Guardian       Other \_\_\_\_\_

If you checked any of the relationships above, an explanation of the relationship and any paperwork supporting your request must be attached before the application will be processed. A member of our team will contact you in the event additional documentation is needed.

Signature of non-parent applicant \_\_\_\_\_ Date \_\_\_\_\_

Upon approval of your request, you will receive a Boone Health Connection activation code along with instructions on how to sign up for Boone Health Connection and create your own Boone Health Connection account. If you already have a Boone Health Connection account, you can access your proxy's chart from your Boone Health Connection account.

### **Please return this form by email or fax:**

Email: BooneHealthConnection@boone.health

Fax: 573-815-3443

### **Documents can also be mailed to:**

Boone Hospital Center

Attn: Boone Health Connection

1600 E. Broadway

Columbia, MO 65201

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## **FREQUENTLY ASKED QUESTIONS ABOUT BOONE HEALTH CONNECTION PROXY**

### **What is Proxy Access for Adolescents ages 12 to 17 years years?**

Through proxy access, parents and legal guardians can keep track of vaccination records, growth charts, diagnoses, and medical instructions, as well as communicate with an adolescent's care team. Due to legal considerations, proxy access for adolescents requires the consent of the adolescent along with the adolescent's primary or long-term care provider. Privacy concerns may prevent some adolescents from seeking health care. The adolescent and his/her care provider can discuss proxy access to determine if it is in the best interest of the adolescent to share his/her medical record with others.

### **Why can't I automatically access my adolescent's record?**

Under state and federal laws, there are designated pieces of medical information that even the adolescent's parents or guardians may not view without that adolescent's consent. These age ranges comply with regulations designed to protect the privacy of adolescent patients. Your child should discuss proxy access with his/her care provider so that the provider can explain the full implications of proxy access

### **Why do I no longer have access to my adolescent's record?**

Access to an adolescent's Boone Health Connection account automatically expires when he/she turns 18 years old. You will receive reminder notifications in Boone Health Connection that your access will be expiring. When your child turns 18 years old he/she can grant you proxy access from their own Boone Health Connection account. Adolescents can terminate a proxy's access at any time from his/her own Boone Health Connection account.

### **Why does a doctor/provider need to sign this request?**

We want to ensure that adolescents are fully informed about the implications of sharing medical information with a parent or guardian. Involving the adolescent's provider in the proxy request process ensures that:

- a conversation between the adolescent and his or her provider has taken place
- the adolescent makes a fully informed decision about sharing his/her medical information with a parent or guardian, and
- the adolescent's decision protects and supports his/her interests.

### **Want to learn more? Go to**

<https://booneportal.meditech.cloud/Phm-PhmHome.HomePage.WR.mthr?hcis=BOLGBL.LIVE&application=phm> and click on the "FAQs" link at the bottom of the page.

